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PREMIA™
Taking the risk out of insurance

Pre – Insurance

Medical Examination Portal Operational Manual

Branch Underwriter Login

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About This Guide

This User Guide familiarizes the Branch Underwriter with various features and functionalities of the Medical Examination Report (MER) web portal integrated with PREMIA application to underwrite a proposal in a systematic and step-wise manner.

OBJECTIVES

The main objectives of this document are:

- ❑ Introduce you to all the features available in the application
- ❑ Familiarize you with the various conventions used in the product
- ❑ To function as a reference manual and user guide to all the functionalities and features of this application
- ❑ Help you perform various setups and transactions by guiding you through the relevant screens methodically

DOCUMENT ICON LIBRARY

In order to draw your attention to certain important points, icons are used as easy indicators. Use this Document Library to identify these icons in the user guide.

Icons	Description
	A note or additional information useful to you
	Important information that you need to keep in mind while using the application
	Provides you details of error messages encountered in the application

Introduction

For any issuance of a policy, medical checkup is mandatory for insured of age 50 years and above. This is done to ascertain the existence of pre existing disease. If there is any pre existing disease then the details have to be mentioned in policy contract to express the conditions. If there is any such case then the policy is not converted or the coverage is not provided for the particular hospitalization.

Insurance is a product that is supposed to cover people with similar risk at similar cost. While two people are proposing for a health insurance and one is with a symptom of disease and the second one is healthy. Risk of the first person falling ill is much higher compared to the second person. In case an insurance company decides to offer them policy, then it will not be fair to charge both of them with the same premium, as the risks they face are different.

So the insurance company will charge a higher premium or exclude hospitalization benefit of Pre Existing Diseases or impose additional conditions or reject the proposal. There may be various problems in the human body which are unknown to proposer. Only when the proposer undergo a medical checkups, will come to know about these issues from the medical tests conducted that may have critical impact on health at a later stage.

ABOUT MEDICAL EXAMINATION REPORT (MER) PORTAL

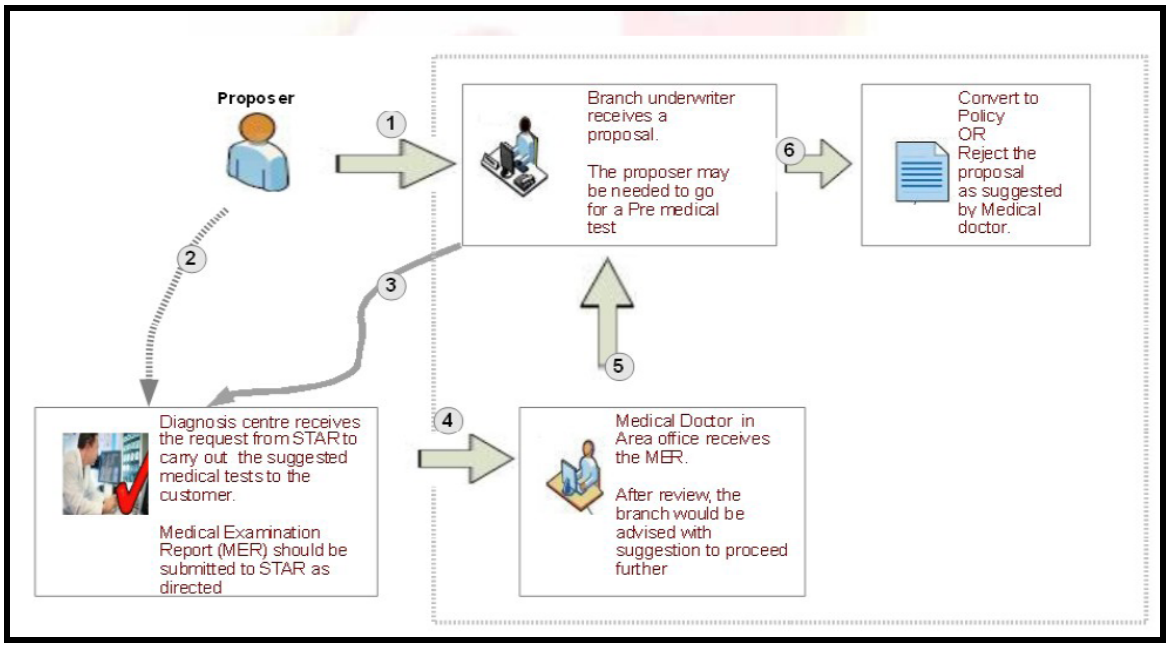
The Medical Examination Report portal is tightly integrated with PREMIA enabling seamless operation between Operating Offices, Diagnostic Labs, Area / Zonal / Corporate Doctors and Claims department. It allows you to implement PED (Pre-existing Disease) coding as per IRDA (Insurance Regulatory Development Authority) guidelines. The portal also facilitates

- Automatic selection of Medical test packages based on Age and Sum Insured
- The uniform coding of PED
- Capturing ICD codes in proposal level
- Systematized payment of lab fees

The portal provides you with different log-in facility like

- Underwriter
- Diagnostic Lab
- Area / Zonal / Corporate Doctors. The Area/ Zonal/Corporate Doctors are only authorized to select PED in web portal from list of values which will automatically fetch in to PREMIA. Policy Schedule will display the relevant wordings of PED selected by the Doctors.

Operation Flow of Pre-Insurance – Medical Diagnostic



UNDERWRITER LOGIN

While a proposer approaches a health insurer to get a health insurance policy, then as per contract, the proposer should be utmost good faith in disclosing the existing facts of the subject matter. But there may be various problems in the human body which are unknown to the proposer.

When a branch underwriter receives a proposal, the operational step that is followed to underwrite a policy is detailed below:

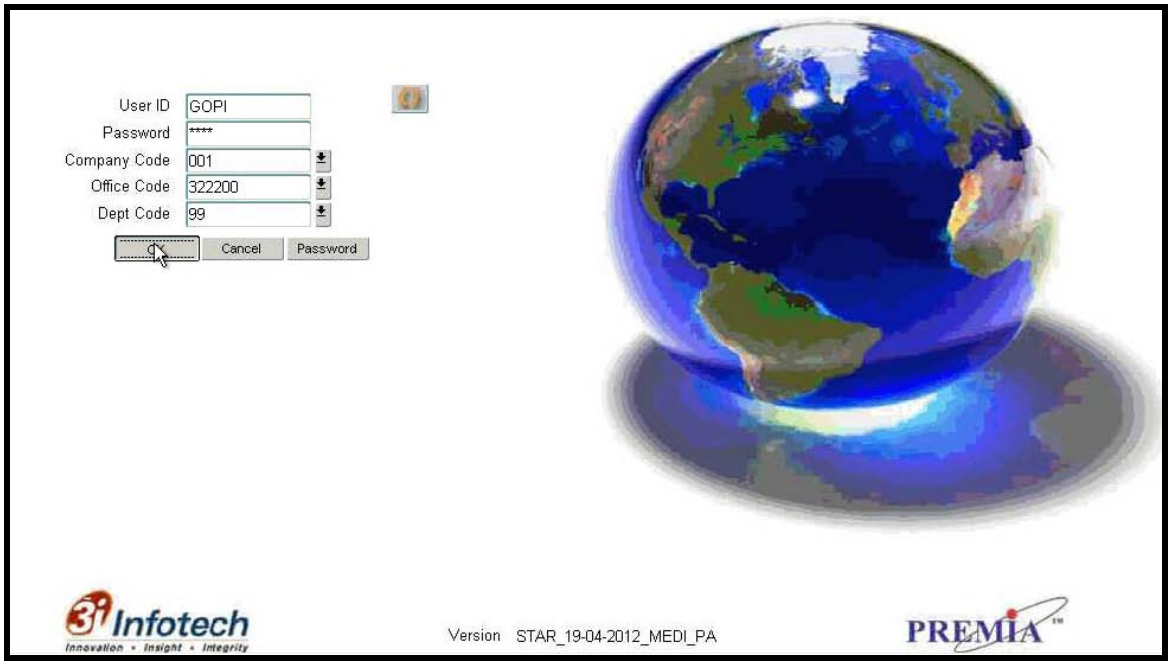
1. A proposer approaches to a STAR branch for a health insurance policy.
2. Underwriter with the support of 'Underwriting Guidelines' directs the proposer to undergo medical checkups.
3. Underwriter suggests for a Medical Diagnosis and the details are communicated through the Medical Diagnostic Portal (web portal) which is accessible by Diagnostic center. The request would be in queue of Diagnostic center log in.
4. Proposer visits the Diagnostic center as per appointment fixed and at the same time the Diagnostic Center receives the request from STAR to carry out the suggested medical tests to the customer.
5. Diagnostic center conducts the medical test of proposer and uploads the reports in web portal and the Medical Examination Report (MER) is submitted to STAR.
6. STAR office Medical Doctor in Area Office reviews the reports and proposal documents and records his suggestions in the web portal.
7. Underwriter proceeds with the medical doctor's suggestion on the proposal – whether to accept or reject the proposal.
    a. If the proposal and medical report is not fulfilling the underwriting requirement, the underwriter rejects the proposal
    b. If the proposal is accepted with some limitations and conditions, the proposal is accepted with expressed conditions

8. Underwriter converts the accepted proposal to policy.

Logon to PREMIA

To capture Proposer details,

1. Logon to PREMIA application.
2. Enter the URL provided to you in the address bar of the Internet Explorer screen and then click ‘Go’. The PREMIA application login screen is displayed as shown below:



3. Enter the valid and unique ID provided to you in ‘User ID’. On entering, the system displays the corresponding ‘Company Code’, ‘Office Code’ and ‘Dept Code’ in the respective fields.
4. Enter the corresponding password in ‘Password’.
5. Click ‘OK’ to login.
6. Click ‘Password’ to reset the password.

	The system displays the message “Authentication Failed” if a wrong password is entered.

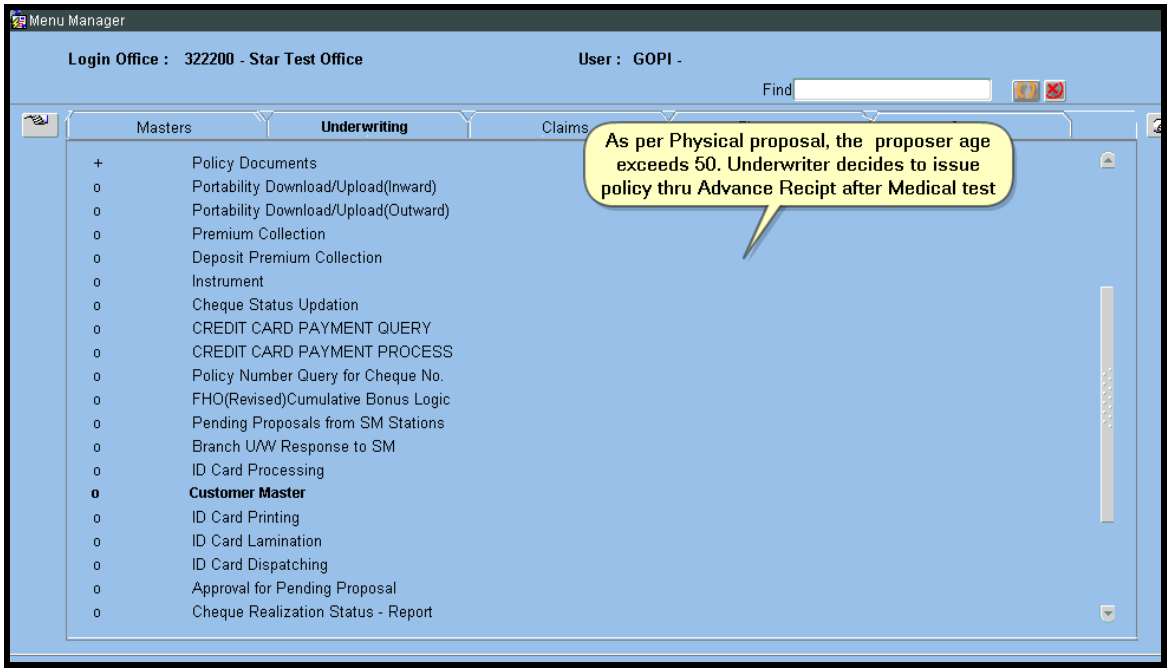
Home Page

On successful login, the system displays the PREMIA application. The Branch Underwriter enters the proposal details in PREMIA application to generate the proposal.

Capture New Customer Details

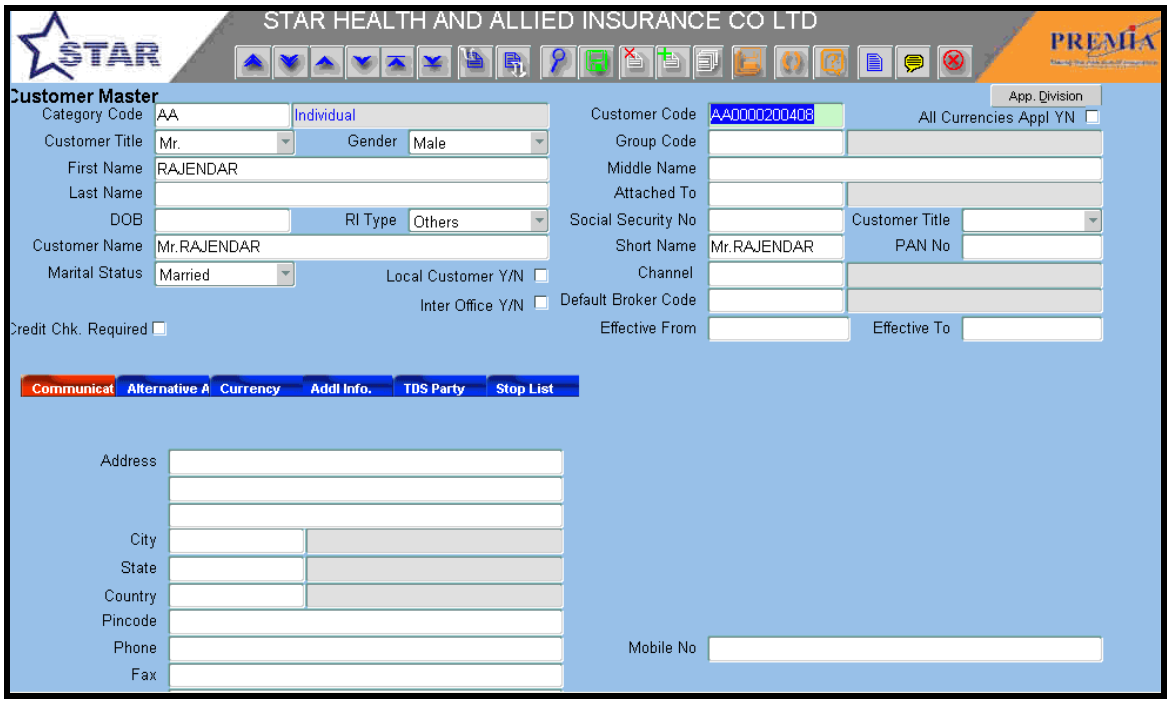
To create new customer,

1. Click **Underwriting** ➤ **Customer Master** menu to view the screen as shown below:



	As per physical proposal, if the Proposer age exceeds 50 years, the Underwriter decides to issue policy through Advance Receipt after medical test.

2. Click ‘Customer Master’ menu to view the screen as shown below:



3. Enter the mandatory details in the respective fields.

	The Customer code is to be created for new Customers.

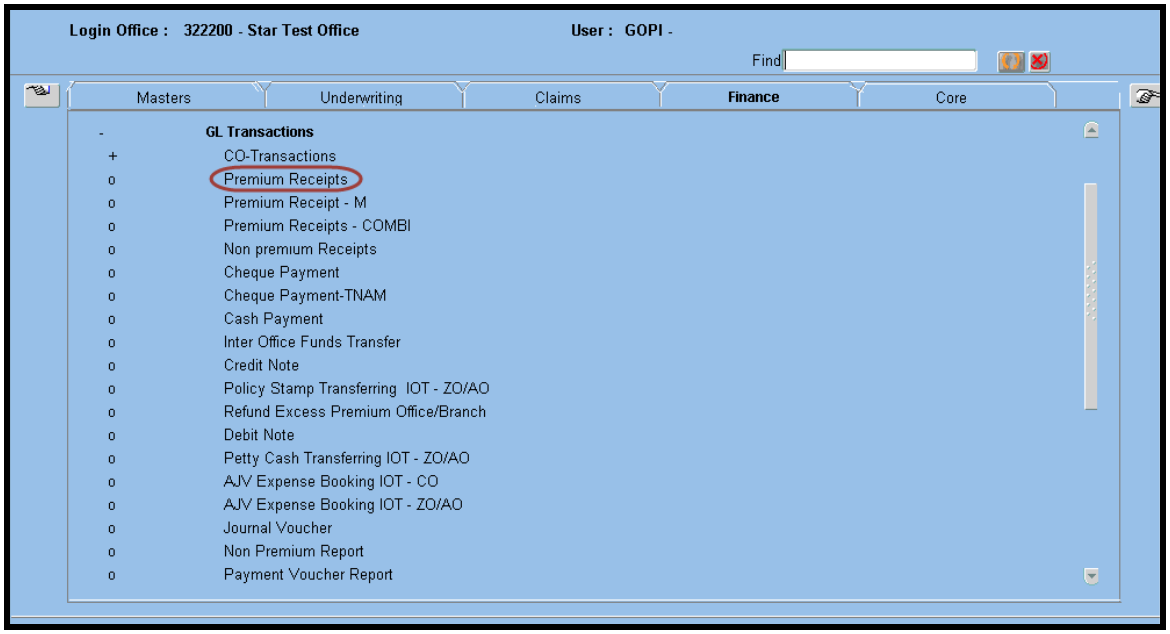
4. Click ‘Save’ to save the entered customer details. On saving the details the ‘Customer Code’ is automatically generated.

Capture Advance Receipts Details

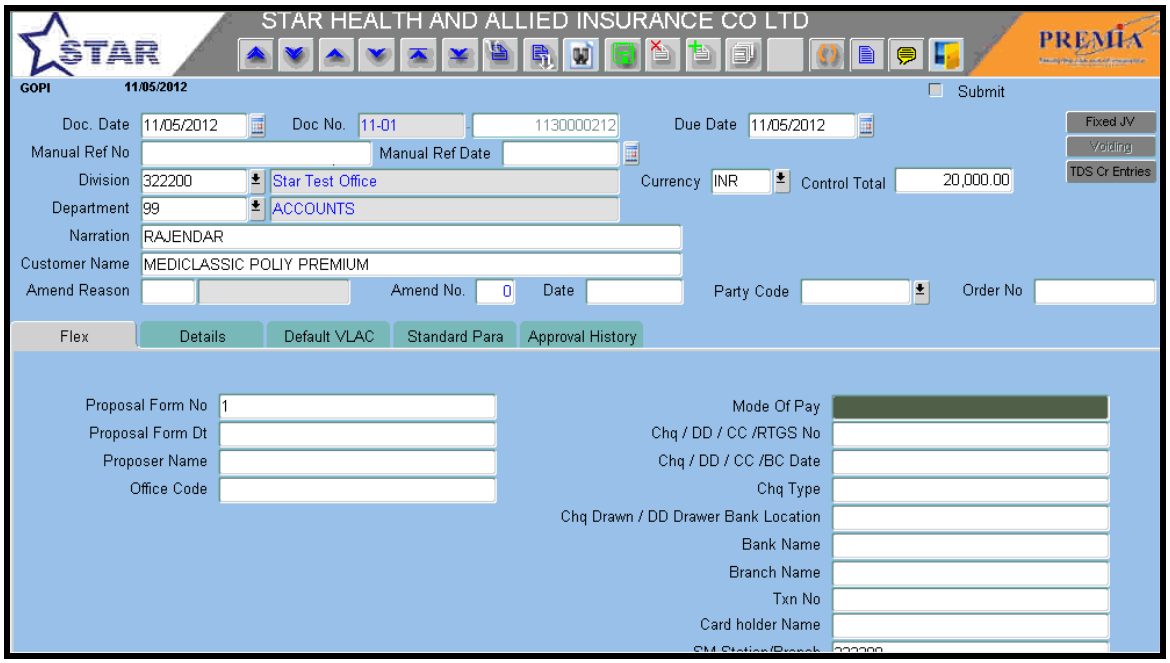
The Branch Underwriter enters the premium receipts details in PREMIA application to receive premium in advance from the customer.

To receive premium in advance from the customer,

1. Click **Finance** ➤ **Transactions** ➤ **GL Transactions** ➤ **Premium Receipts** menu to view the screen as shown below:



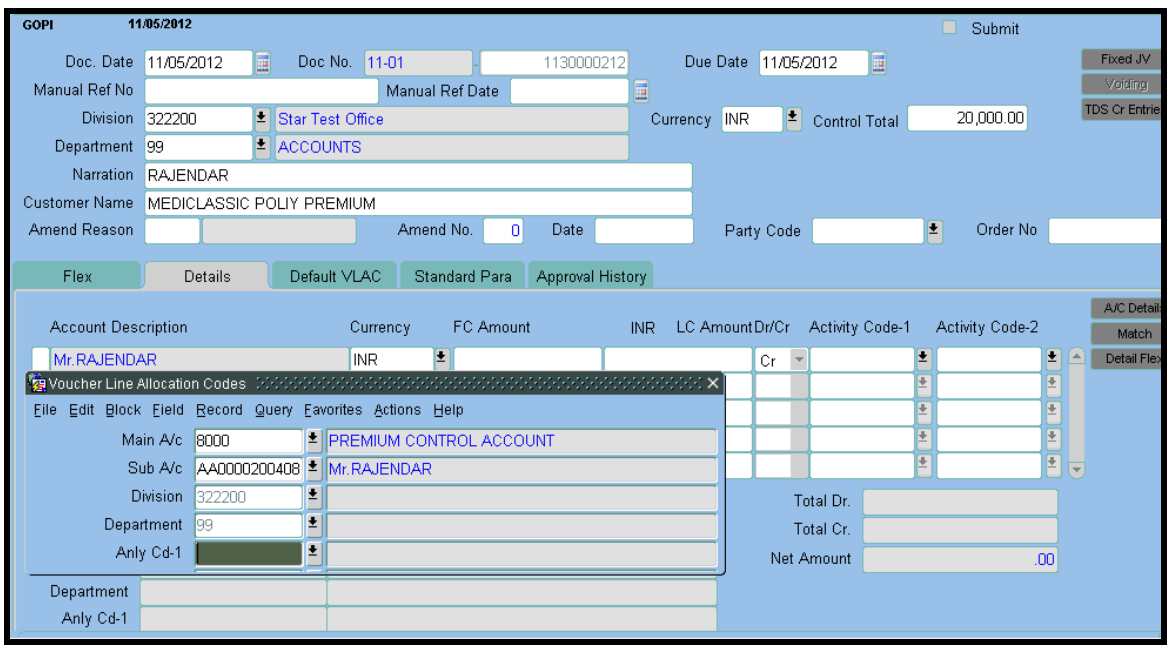
2. Click 'Premium Receipts' menu to view the screen as shown below:



3. By default, the system displays the following information in the header block:
   - ❑ Doc Date

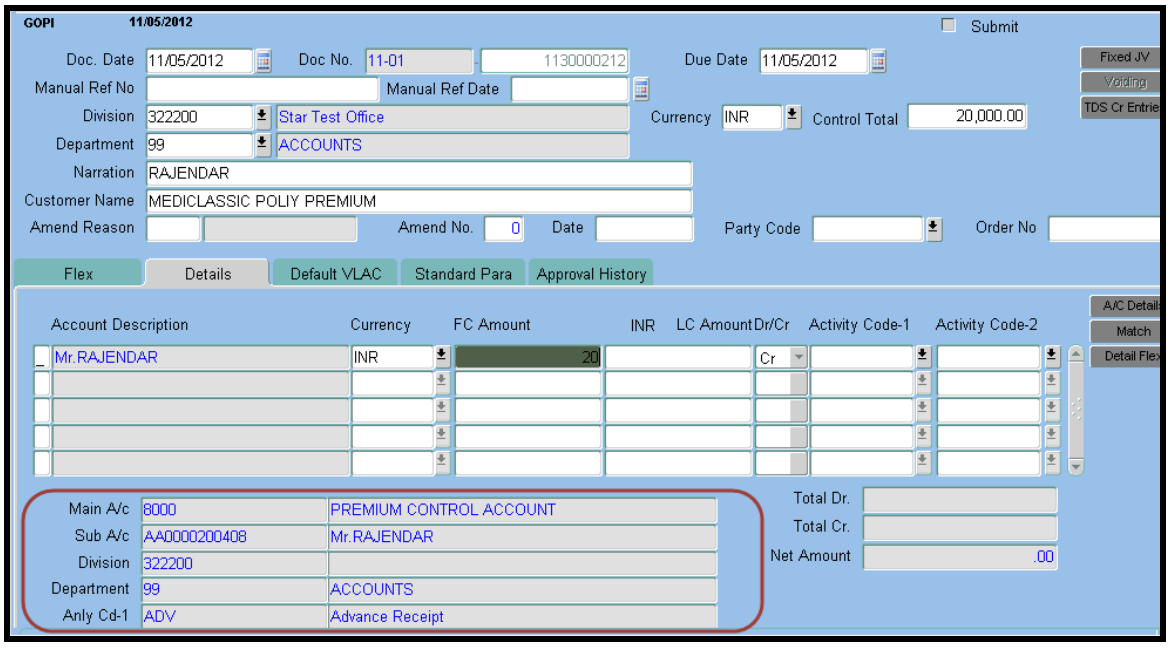
- ❑ Doc No
- ❑ Due Date
- ❑ Currency
- ❑ Currency Total
- ❑ Department

4. Enter the following details in the corresponding fields:
   - ❑ Narration
   - ❑ Customer Name
5. Enter or select from the LOV, the 'Division'. Based on the selection, the name of the division is displayed in the adjacent field.
6. Enter the proposal form number.
7. Enter or select from the LOV, the 'Mode of Pay'. Based on the selection, the type of pay mode is displayed in the adjacent field.
8. Click 'Details' tab to view the screen as shown below:



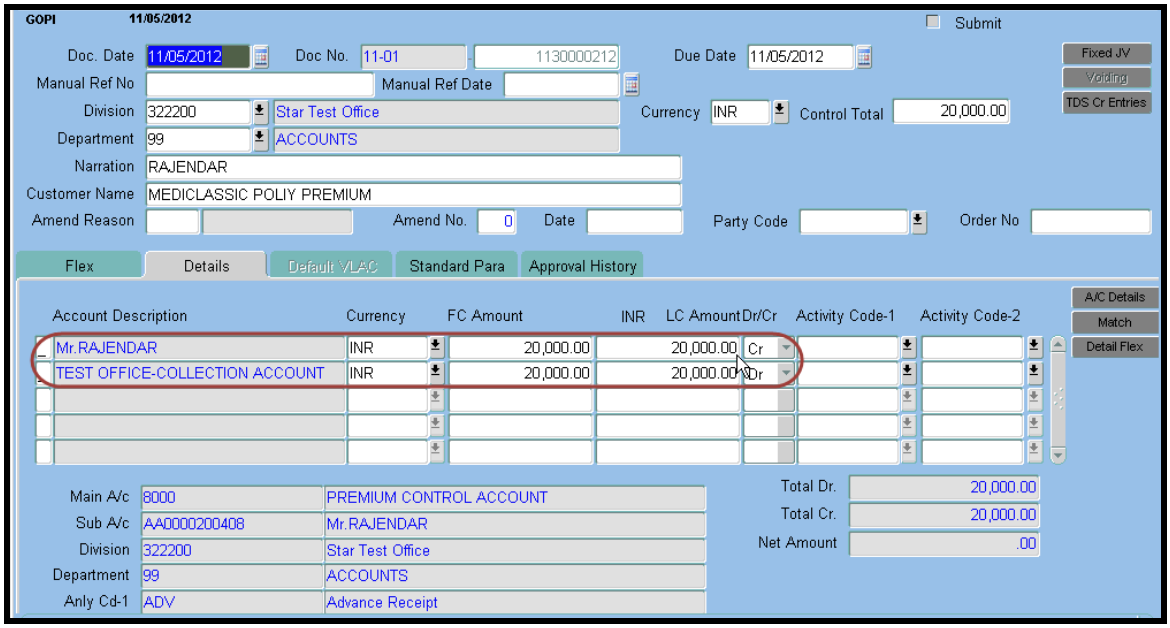
9. Enter or select from the LOV, the 'Main A/c'. Based on the selection, the name of the main account is displayed in the adjacent field.
10. Enter or select from the LOV, the 'Sub A/c'. Based on the selection, the name of the sub account is displayed in the adjacent field.
11. By default, the system displays the following information in the 'Voucher Line Allocation Codes' window:
    - ❑ Division
    - ❑ Department
12. Enter or select from the LOV, the 'Analysis Cd 1'. Based on the selection, the name of the analysis code 1 is displayed in the adjacent field.

Entire account details entered in the 'Voucher Line Allocation Codes' window is automatically defaulted (highlighted) in the 'Premium Receipt' main screen as shown below:

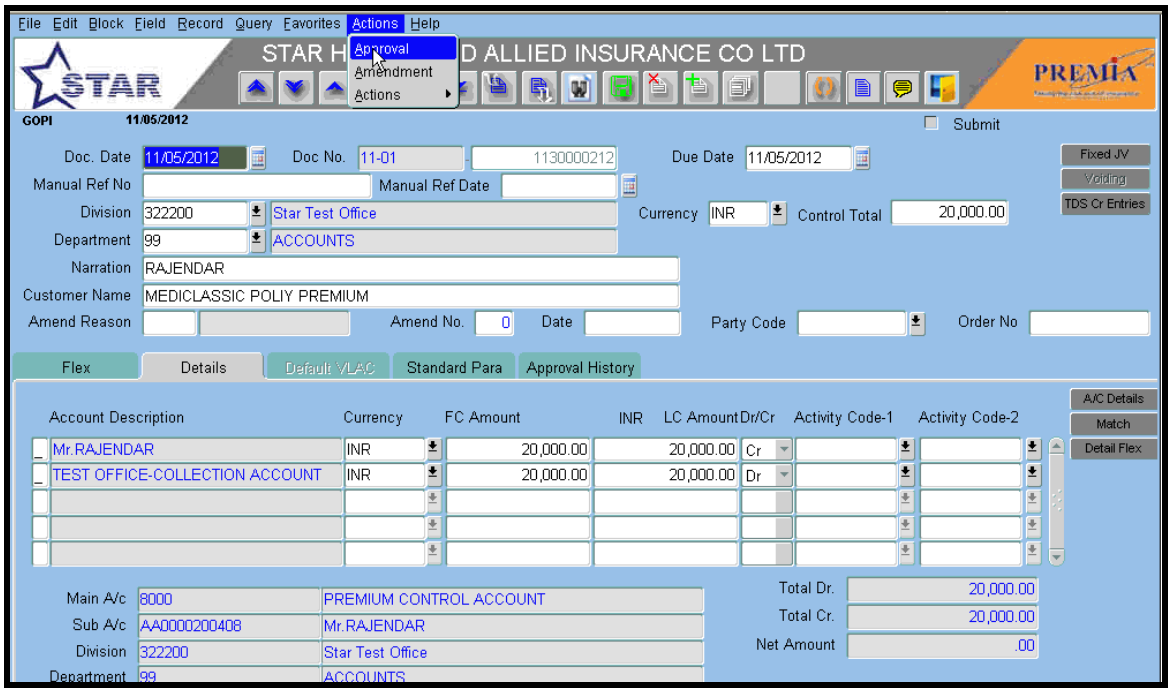


13. Enter the FC Amount (foreign currency amount) value. On pressing TAB, the LC (local currency) amount gets automatically defaulted in the respective field.

14. Click ‘Save’ to save the entered transaction details. On saving the transaction details, a debit line entry gets automatically generated for the credit entry as shown below:



15. Click ‘Approve’ option under the ‘Actions’ menu at the top of the screen as shown below:



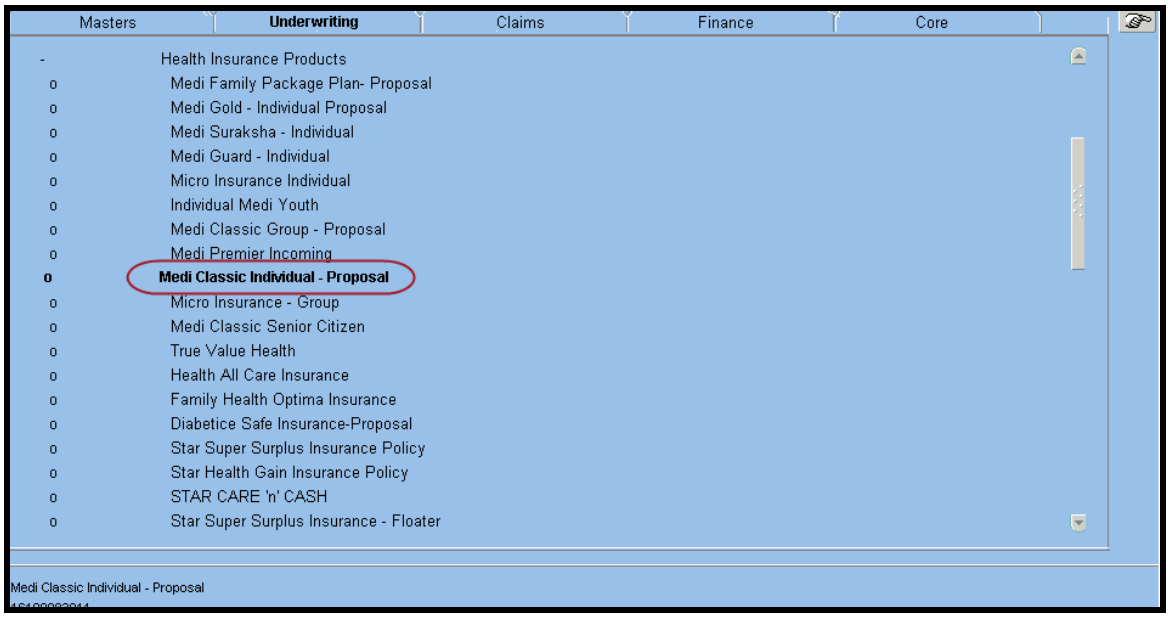
16. On clicking the ‘Approve’ option the following approval confirmation window is displayed as shown below:

17. Click ‘Approve’ to approve the premium receipt transaction.

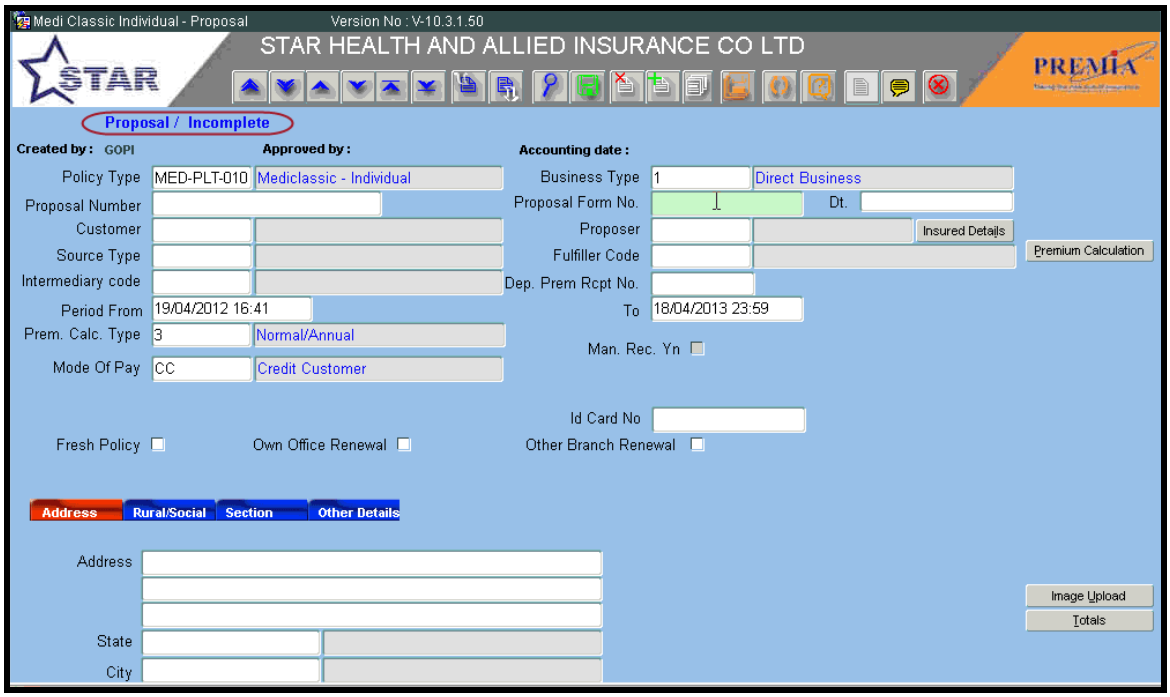
CAPTURE MEDI CLASSIC INDIVIDUAL PROPOSAL DETAILS

To create Medi classic individual proposal (advance receipt),

1. Click **Underwriting** ➤ **Advance Receipt Proposal** ➤ **Miscellaneous** ➤ **Health Insurance Products** menu.



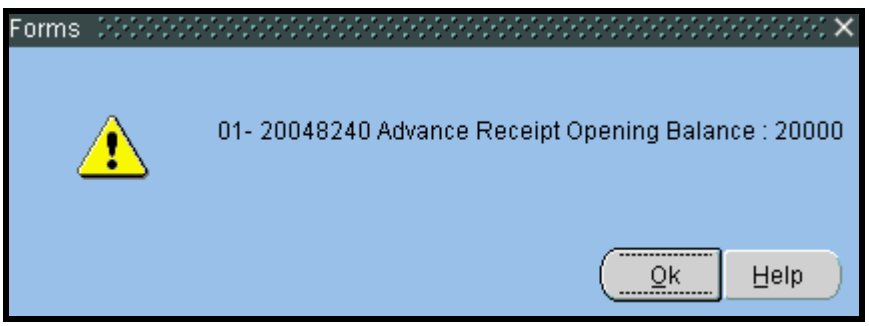
2. Click **Medi Classic Individual – Proposal** menu. The system displays the Underwriting screen as shown below:



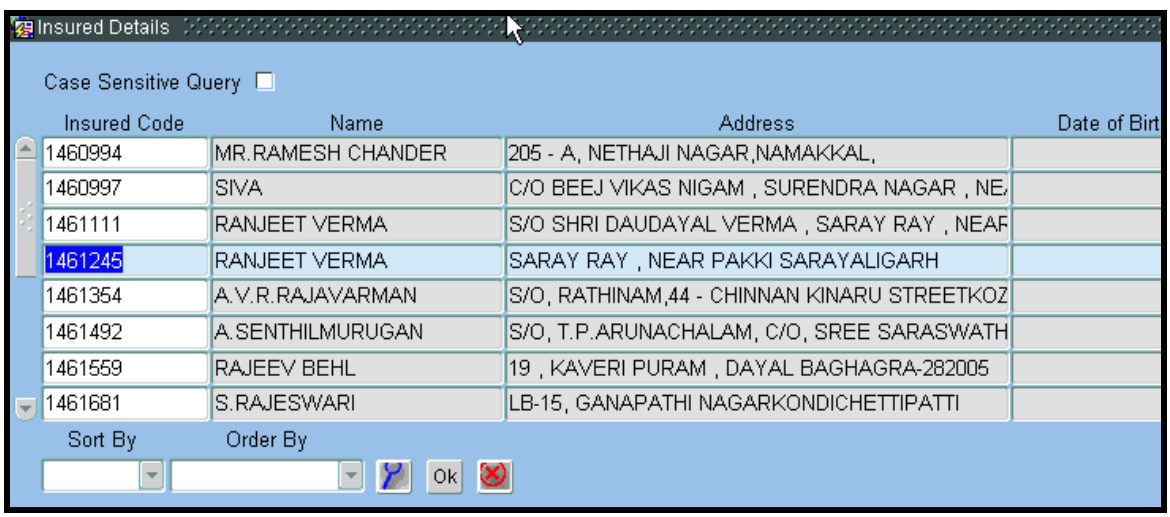
The status of the proposal (as highlighted in the screen above) is 'Incomplete'.

Capture Header Details

1. By default, the system displays the following proposal information in the header block:
   - ❑ Policy Type – Medi classic - Individual
   - ❑ Period From / To
   - ❑ Prem Calc Type - 3 – Normal/Annual
   - ❑ Mode of Pay - CC – Credit Customer
   - ❑ Business Type
2. Enter the following information in the corresponding fields:
   - ❑ Proposal Form No
   - ❑ Date (date of proposal)
3. Enter or select from the LOV, the 'Customer'. Based on the selection, the name of the customer is displayed in the adjacent field. The system displays the following message in the pop-up window as shown below:

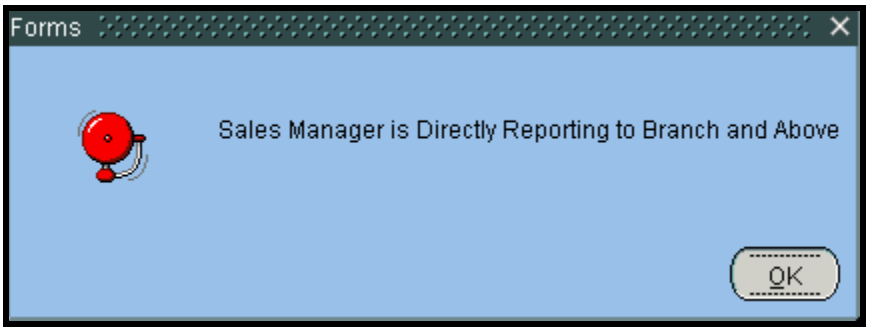


4. Enter or select from the LOV, the insured details in the 'Proposer' field. Based on the selection, the address details get automatically populated in the 'Address' tab.



5. Enter or select from the LOV, the 'Intermediary code'. Based on the selection, the system displays the 'Source type' as '1 - Direct'.
6. Enter or select from the LOV, the issue office code in 'Fulfiller Code' field. Based in the selection the description is displayed in the adjacent field. The system displays the

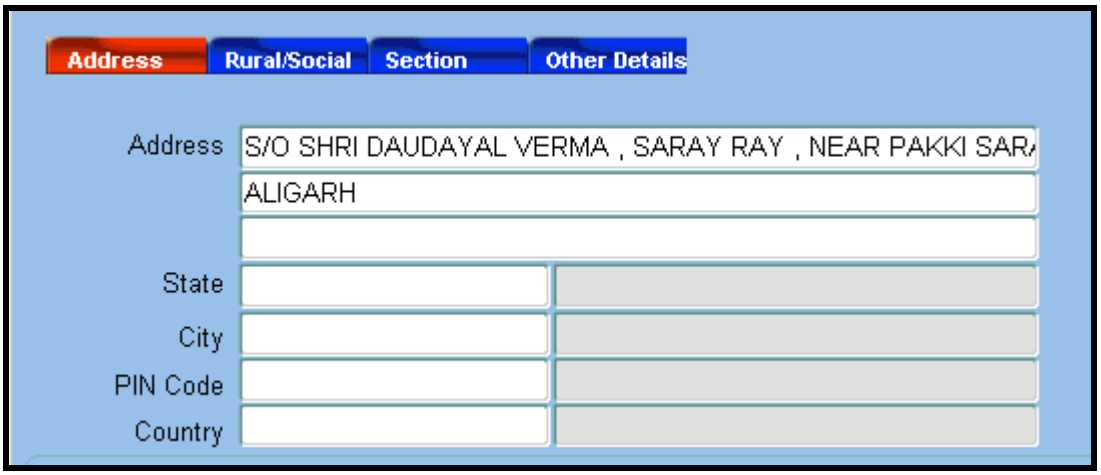
information about the Sales Manager directly reporting to Branch and above as shown below:



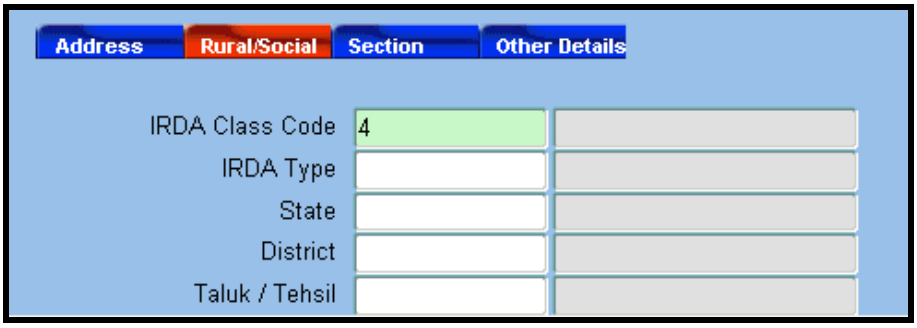
7. Select the 'Fresh Policy' check box to specify that the proposal is fresh.

Capture Details Section

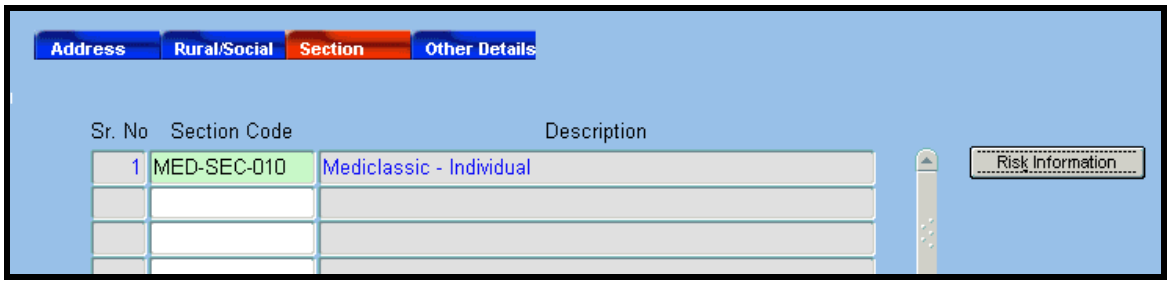
8. Click 'Address' tab to view the address details of the proposer as shown below:



9. Click 'Rural/Social' tab to enter the IRDA details as shown below:

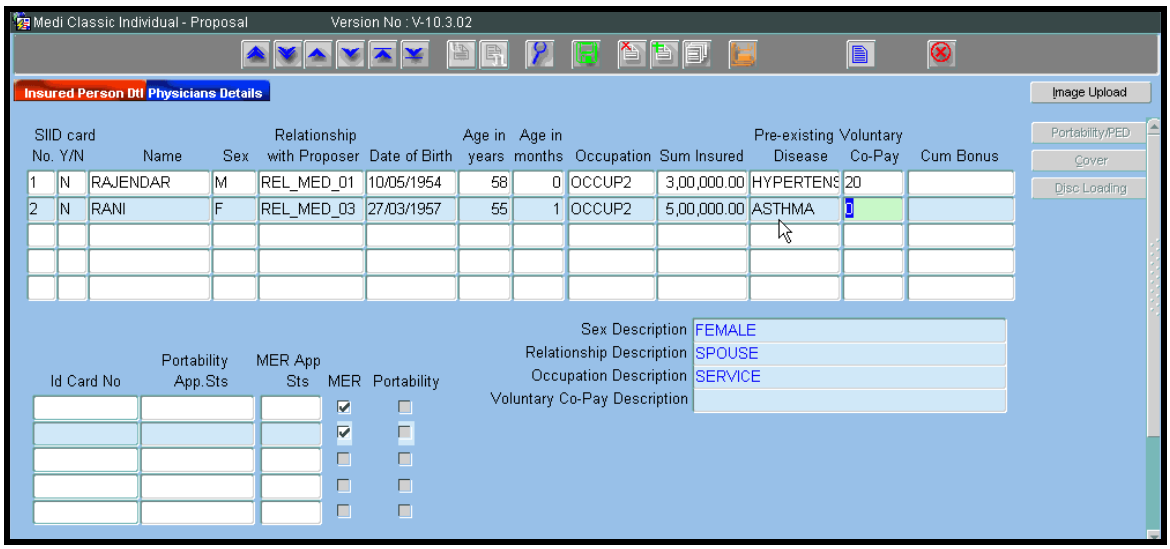


10. Click 'Section' tab. The system displays the selected section code as shown below:



Capture Risk Information

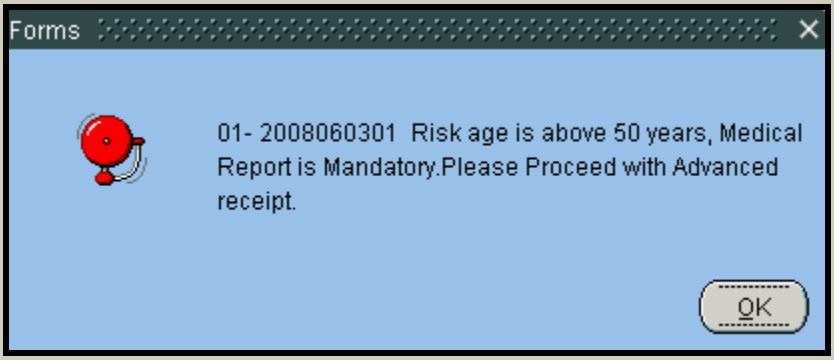
11. Click 'Risk Information'. On clicking the system displays the Insured Person Details screen as shown below:



12. Enter the insured details in the respective fields :

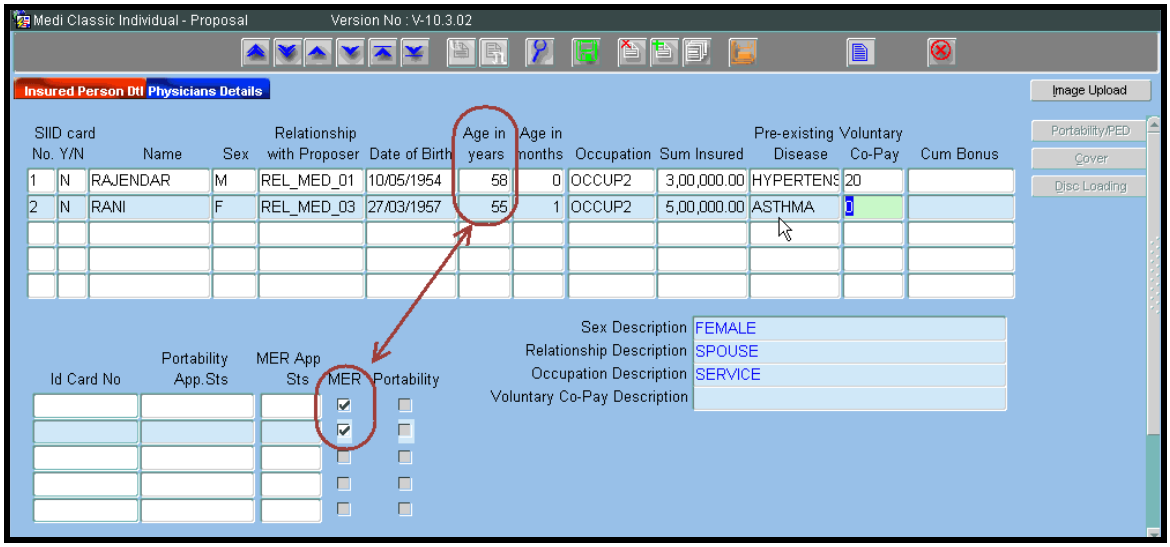
- S.No – Serial number of the insured person
- ID card YN – Enter 'Yes' or 'No' to specify whether ID is available or not.
  - If 'Yes', this specifies that the insured person holds an ID card of STAR HEALTH and the system does not generate new ID card number.
  - The Id Card No is displayed under 'Id Card No' field. You are allowed to select the relevant ID card number
- Name – Enter the name of the insured person
- Sex – Specify the sex of the insured person. The description is automatically displayed in 'Sex Description' field
- Relationship with the Proposer – Enter or select from the LOV, the relationship of the insured person with the proposer. The description is automatically displayed in 'Relationship Description' field
- Date of Birth – Enter the date of birth of the insured person. On entering, the system automatically populates the details under 'Age in years' and 'Age in months' fields.
- Age in years – Enter the age of the insured person in years. On entering the age, the system displays the age of the insured person in months

If the age of the insured person is above 50 years then the system displays the confirmation message as shown below:



Click 'OK' to proceed.

- Occupation – Enter or select from the LOV, the occupation of the insured person. The description is automatically displayed in 'Occupation Description' field
- Sum Insured – Enter the sum insured amount. The MER check box is automatically selected if the risk age exceeds 50 (as highlighted in the screen below).



- Pre-existing Disease – Enter pre-existing disease, if any for the insured person
- Voluntary Co-pay – Enter the deductible percentage. The description is automatically displayed in 'Voluntary Co-pay Description' field

This percentage of claim amount will not be paid.

13. Click 'Save' to save the insured details entered. On saving, the following buttons gets enabled in the screen:
    - Portability/PED
    - Cover
    - Disc Loading

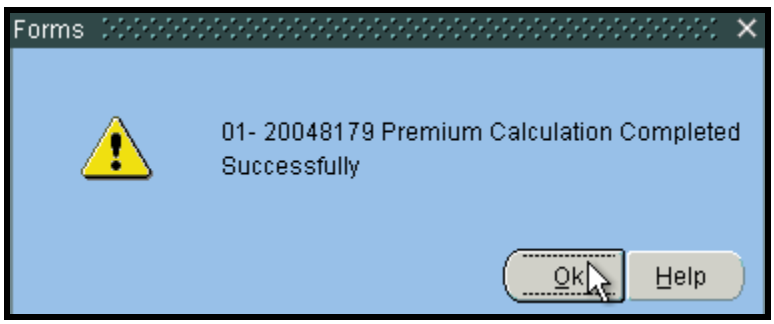
	Enter the remaining insured person details within the family, and then click ‘Save’.

14. Click ‘Close’ to exit the ‘Insured Person Dtls’ screen.

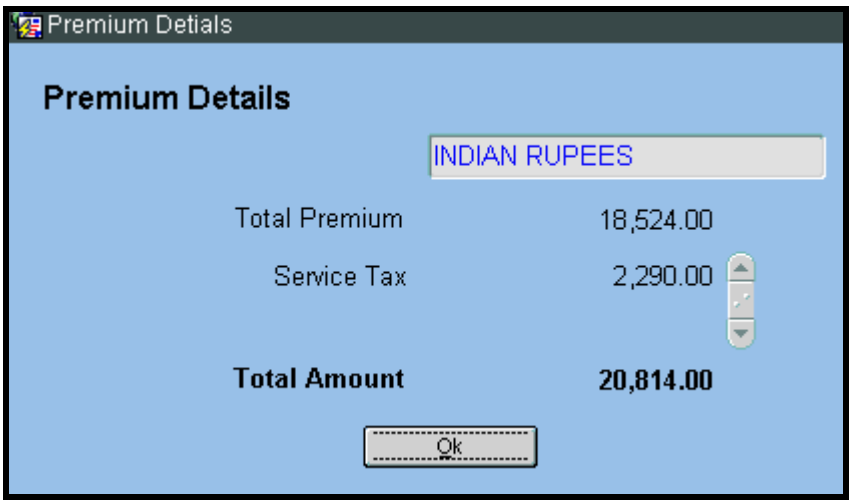
Calculate Premium

After entering the risk details,

15. Click ‘Premium Calculation’ available in the proposal screen. On clicking, the premium is calculated for the proposal. The system displays a success message as shown below:

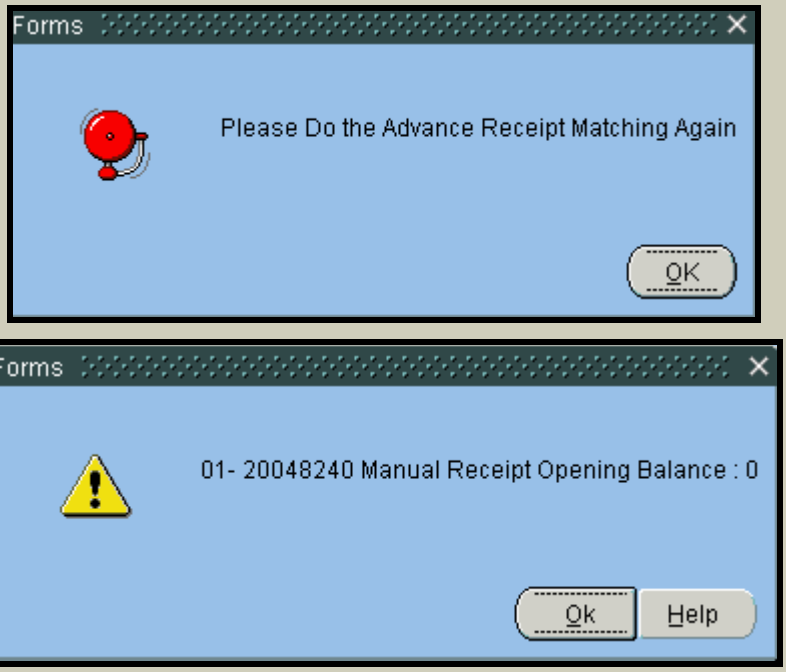


16. Click ‘OK’ to view the following ‘Premium Details’ screen:



Premium details screen displays the total premium and total amount calculated for the particular quotation / policy. Click ‘Ok’ to go back to the main screen.

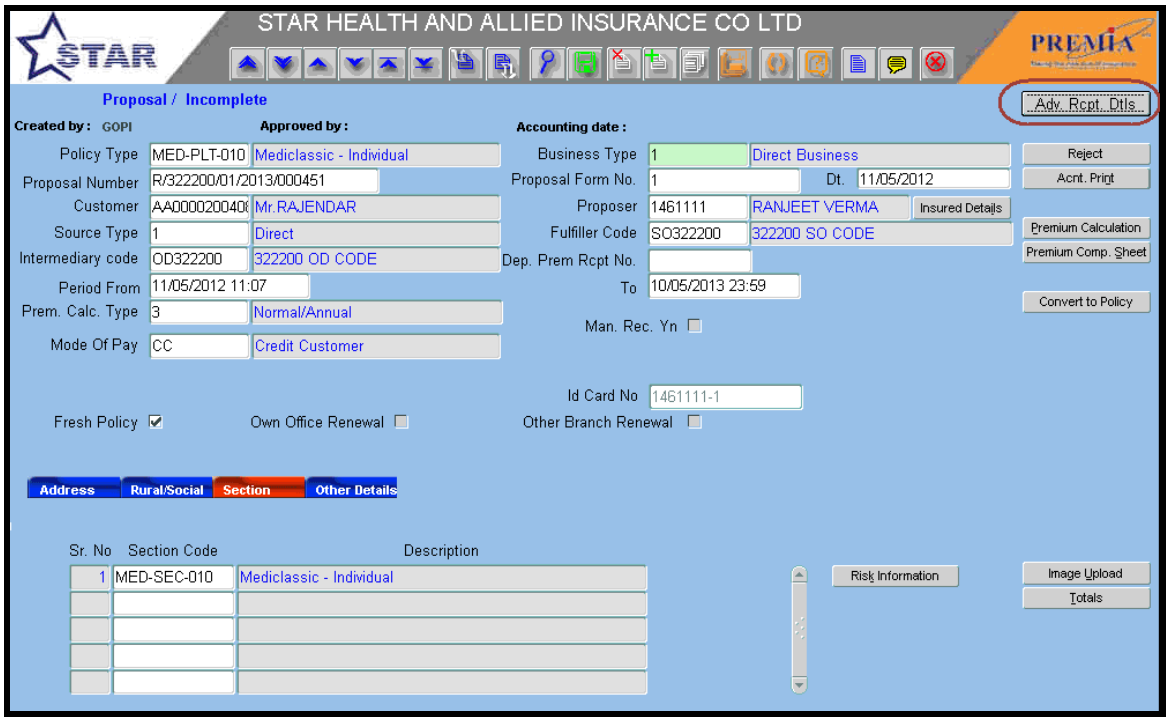
Before converting the proposal to policy, ensure that the proposal is created in 'Advance Receipt' model, else the system displays the following message



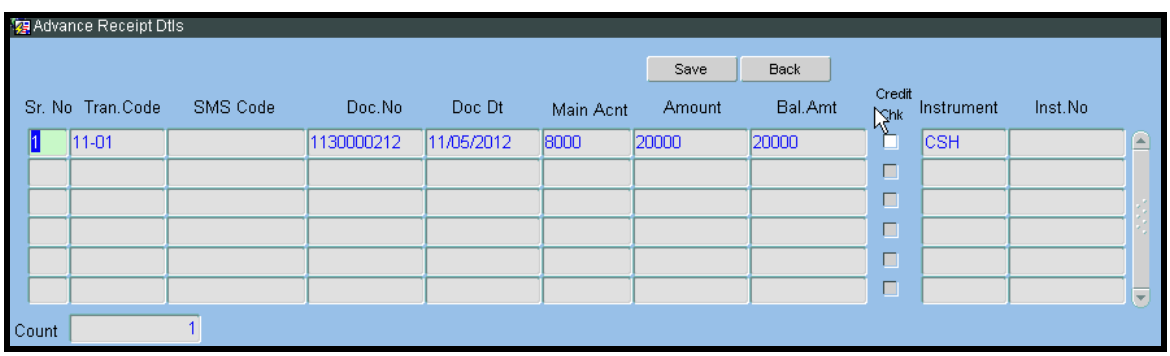
Check for Advance Receipt Payment

Normally, the proposals are created in 'Advance Receipt' model. The amount equal to expected Premium is received in advance as deposit amount of the proposer. On acceptance of the proposal, this deposit amount gets credited as Premium amount while converting to policy. On rejection of the proposal / Risk, the full / partial amount gets refunded from the deposit amount

1. Click 'Advance Receipt Dtls' button from the main screen as shown below:

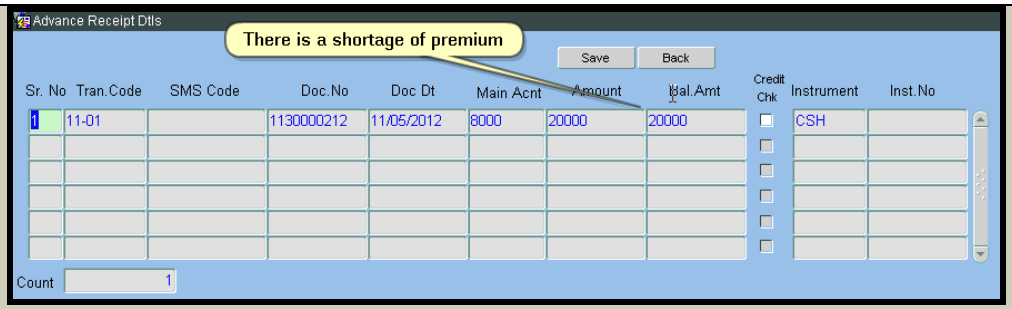


2. On clicking, the system displays the premium amount received in advance as deposit amount from the proposer.



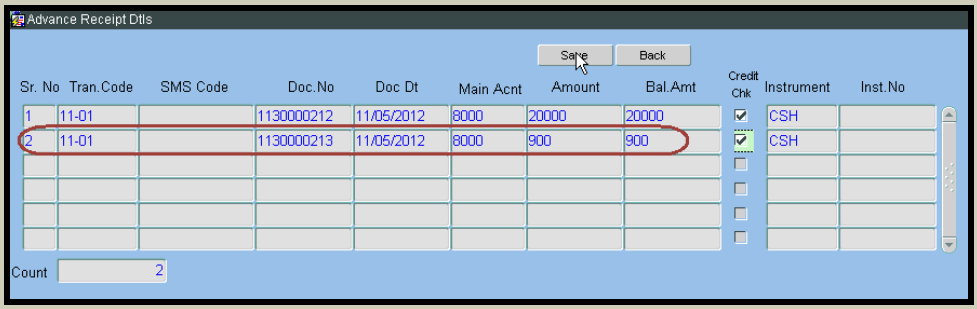
3. Select the 'Credit Chk' box to specify whether the credit check is done or not.

	When there is a shortage of premium as shown below in the screen, then



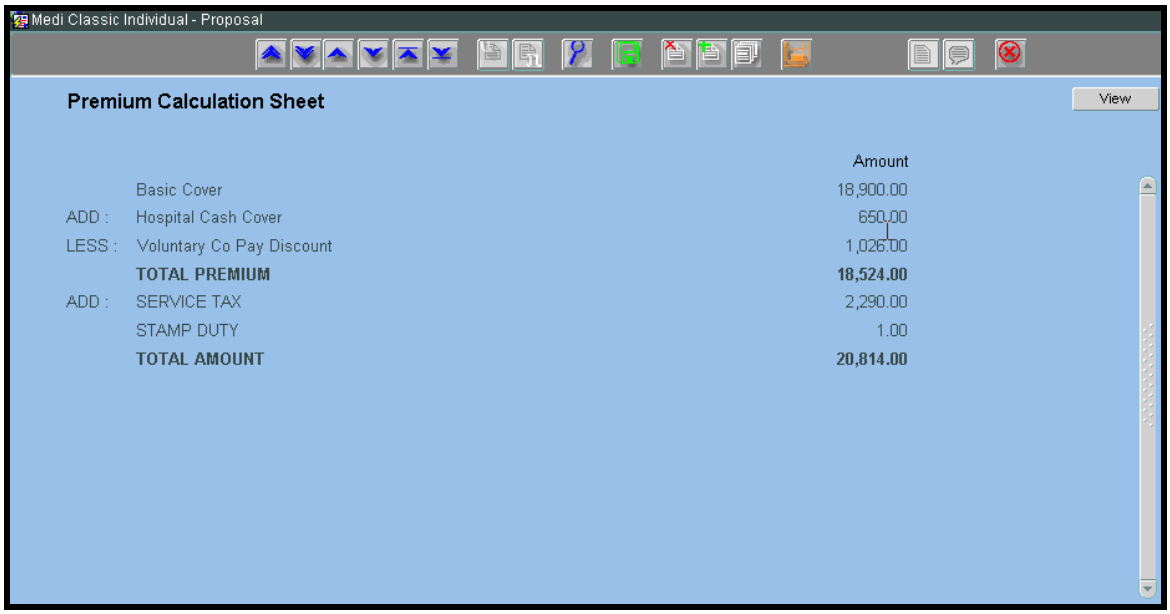
You need to create and approve one more receipt against this customer for the shortage amount under 'Premium Receipts' screen. Refer 'Capture Advance Receipt Details' section for more information.

After creation, the receipt is displayed as shown below:



Click 'Save' to save the advance receipt details.

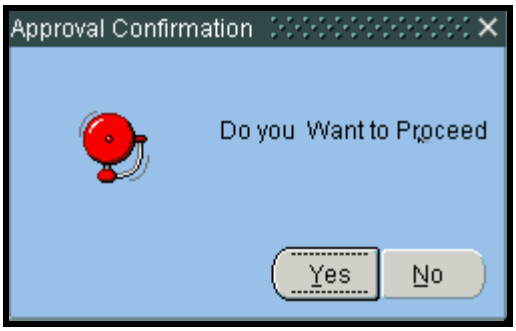
4. Click 'Premium Computation' to view the screen as shown below:



5. Click 'Close' to close the screen.

Convert to Policy

1. Click ‘Convert to Policy’. The ‘Approval Confirmation’ dialog box is displayed as shown below:



2. Click ‘Yes’. The system displays the following message - ’01-12345678: MER Approval Required For Risk(s)’.

	System will not allow to convert the proposal to policy without Medical report and Area Doctor approval

DIAGNOSTIC LAB ASSIGNMENT FOR EXAMINATION

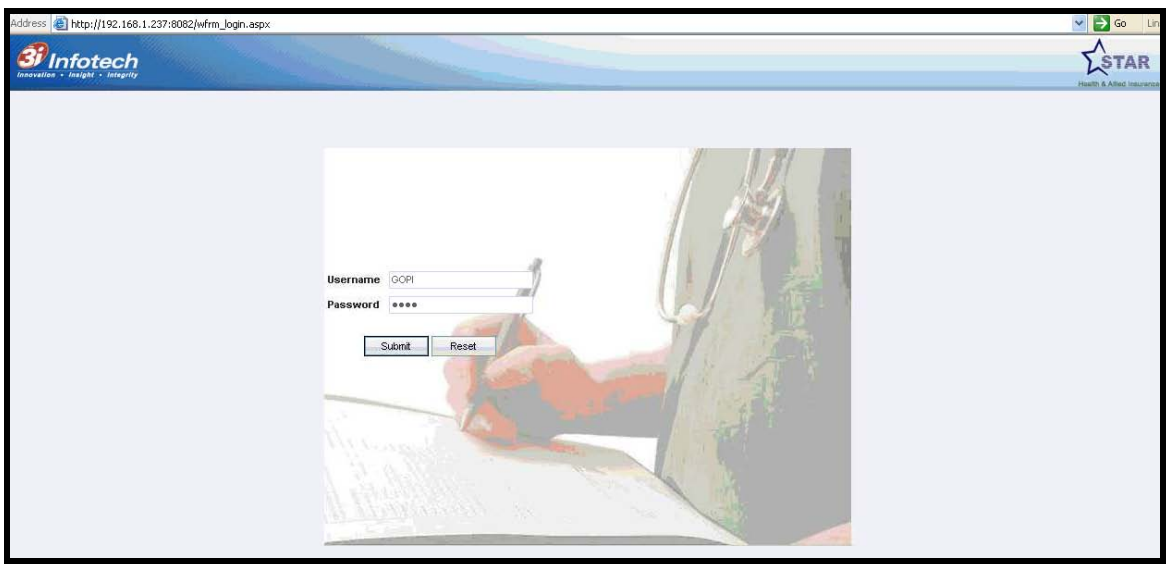
Here, the Underwriter logs on to Medical Diagnostic Portal to confirm the date and time of the appointment for Medical Diagnosis in consultation with the proposer and a selected Medical Diagnosis center.

On confirmation, the system allows you to generate an appointment letter which needs to be carried out by the Proposer.

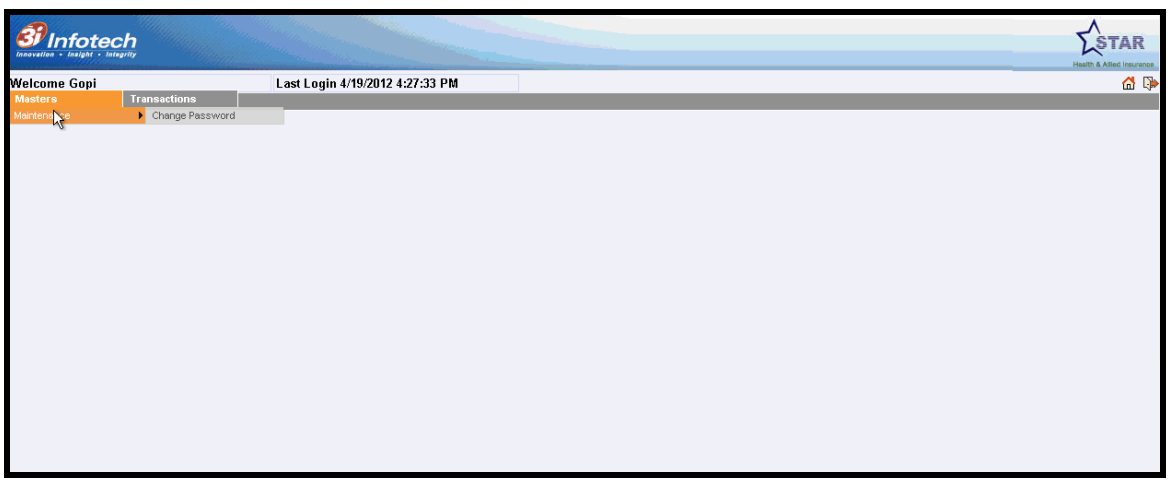
Logon to Medical Examination Report (MER) Web Portal

To capture pre-medical diagnostic details,

1. Logon to MER web portal with the login credentials of Underwriter.
2. Enter the URL provided to you in the address bar of the Internet Explorer screen and then click 'Go'. The Medical portal login screen is displayed as shown below:



3. Enter the 'Username' and 'Password' provided to you in the respective fields.
4. Click 'Submit'. The 'Welcome' page of the medical portal is displayed as shown below:



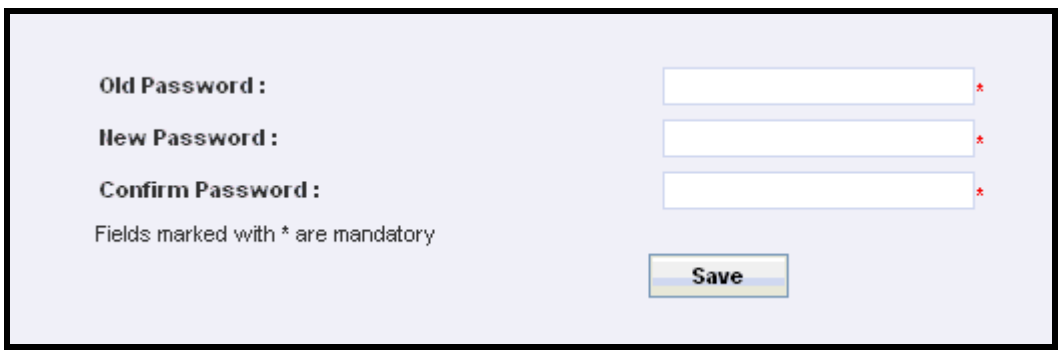
The Welcome page comprises of the following menus and sub-menus:

- Masters (main menu)
  - Maintenance (sub-menu)
    - Change Password (sub-menu)
- Transactions (main menu)
  - Lab Appointment (sub-menu)
  - View Prior Appointments (sub-menu)

MASTERS

Change Password

The 'Change Password' sub-menu enables you to change the login password as shown below:



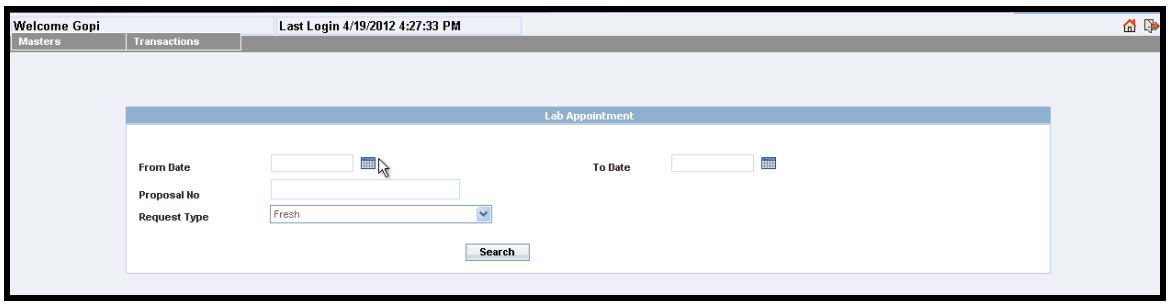
TRANSACTIONS

Lab Appointment

The 'Lab Appointment' menu enables the branch underwriter to confirm the date and time of appointment for Medical Diagnosis in consultation with the proposer opted for Medical Diagnostic for a risk in a policy in PREMIA application. After confirmation, the system enables you to generate an appointment letter which can be carried by the proposer.

To search for records and fix up the date of lab appointment,

1. Click **Transactions** ➤ **Lab Appointment**. The 'Lab Appointment' screen is displayed as shown below:

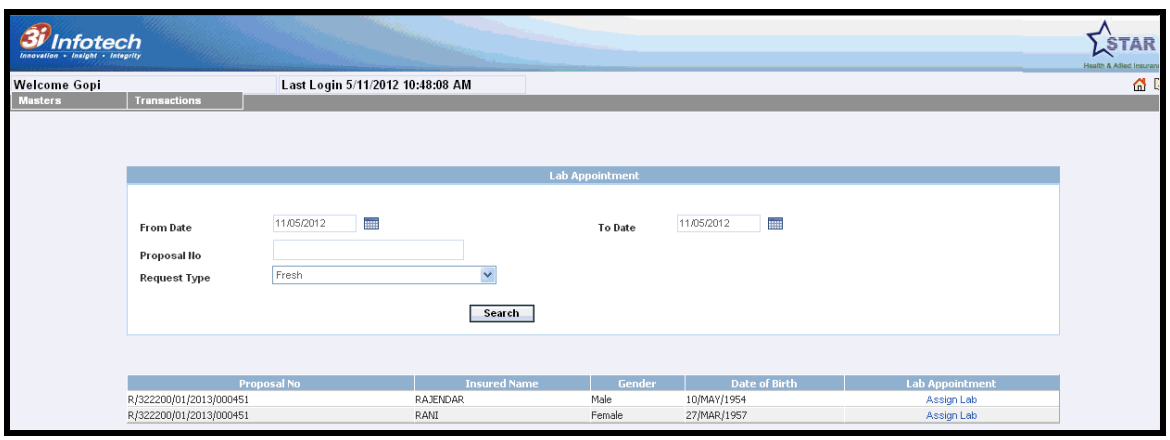


2. Enter or select from the application calendar LOV, the 'From Date' and 'To Date' for the medical diagnosis.

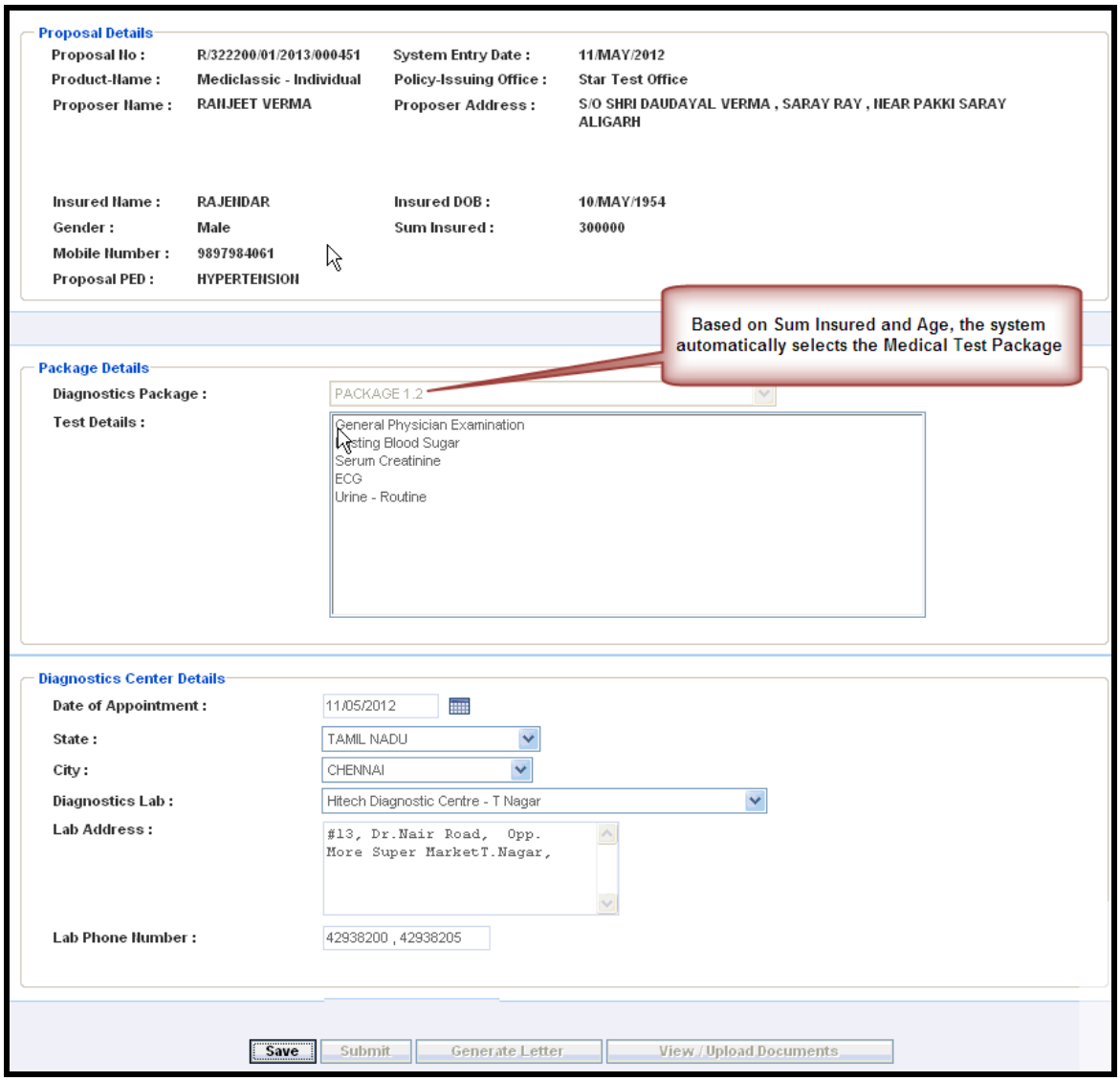
3. Select from the drop-down list, the 'Request Type as 'Fresh', and then click 'Search'.

Fresh Appointments

If the 'Request Type' is selected as 'Fresh', then the search result displayed shows the list of fresh proposals waiting for medical diagnostic appointment opted in PREMIA application as shown below:



1. Click ‘Assign Lab’ hyperlink (as shown in the screen) corresponding to the Insured Name. The system displays the proposal form as shown below:



The screen displays the following proposal details:

- ❑ Proposal No
- ❑ System Entry Date
- ❑ Product name
- ❑ Policy Issuing Office
- ❑ Proposer Name with address
- ❑ Insured Name with DOB and Gender
- ❑ Sum Insured
- ❑ Proposed PED

The screen displays the following Package Details:

- ❑ Diagnostics Package – the Medical Test Package will automatically get displayed based on Age, Sum Insured and Product
- ❑ Test Details – the list of medical tests

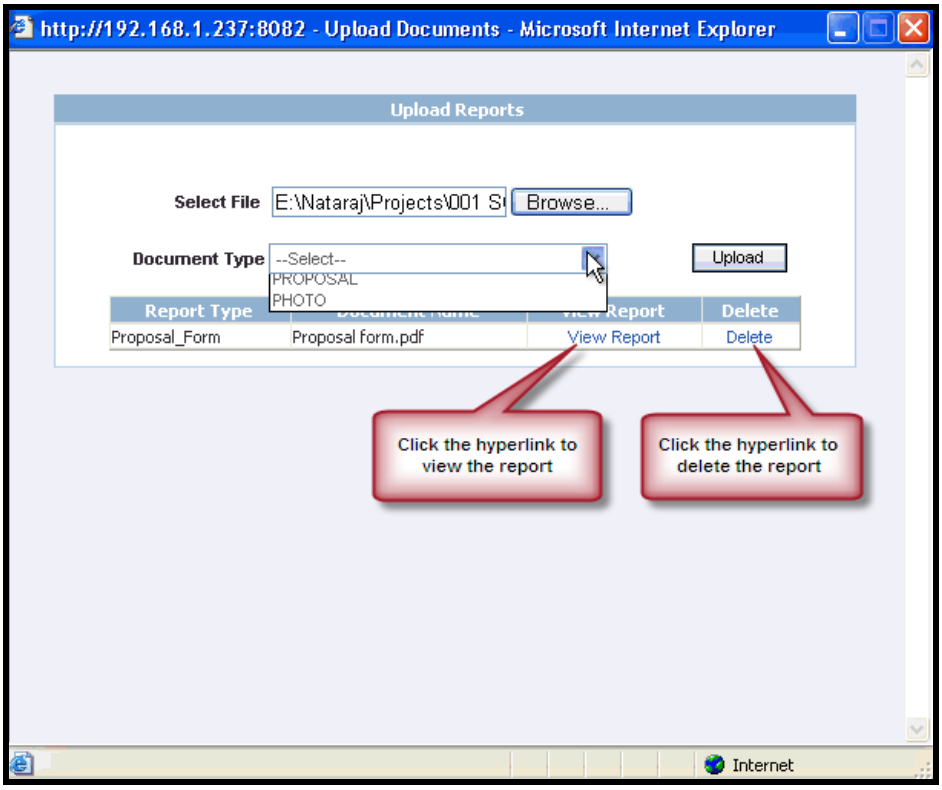
In the Diagnostics Center Details section,

2. Enter or select from the application calendar LOV, the 'Date of Appointment'.
3. Select from the respective drop-down list the Diagnostic Center details
   - ❑ State - the name of the 'State' where the diagnostic center is located
   - ❑ City - the name of the 'City' where the diagnostic center is located
   - ❑ Diagnostic Lab – the preferred diagnostic lab. Automatically, the system displays the address details and phone number of the lab in 'Lab Address' and 'Lab Phone Number' fields respectively.
4. Click 'Save' to save the details. The Record is saved successfully as shown below:

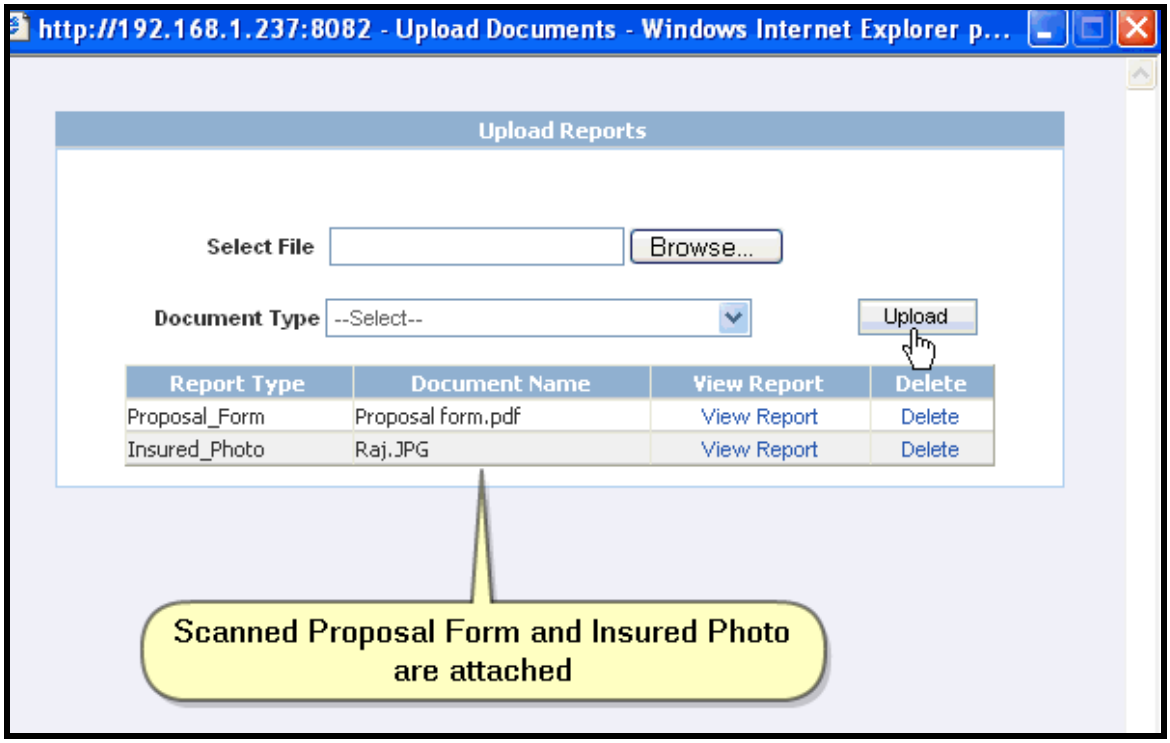
View /Upload Documents

On clicking this hyperlink, the system enables you to view uploaded the documents or upload the proposal form and Insured Photo.

1. Click 'View / Upload Documents'. The screen displays the window to upload the documents as shown below:



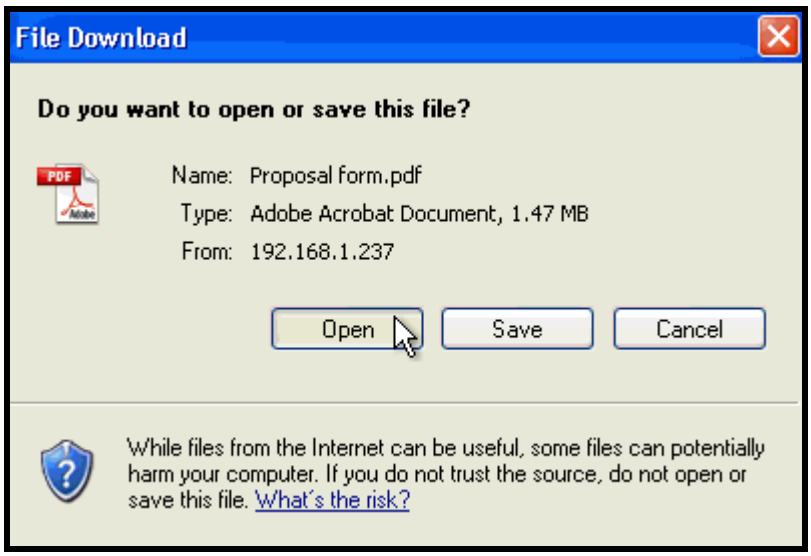
2. Click ‘Browse’ to select the file from the desired location.
3. Select form the drop-down list, the relevant ‘Document Type’ as ‘Proposal’ or ‘Photo’.
4. Click ‘Upload’. The uploaded documents get listed in the screen below.



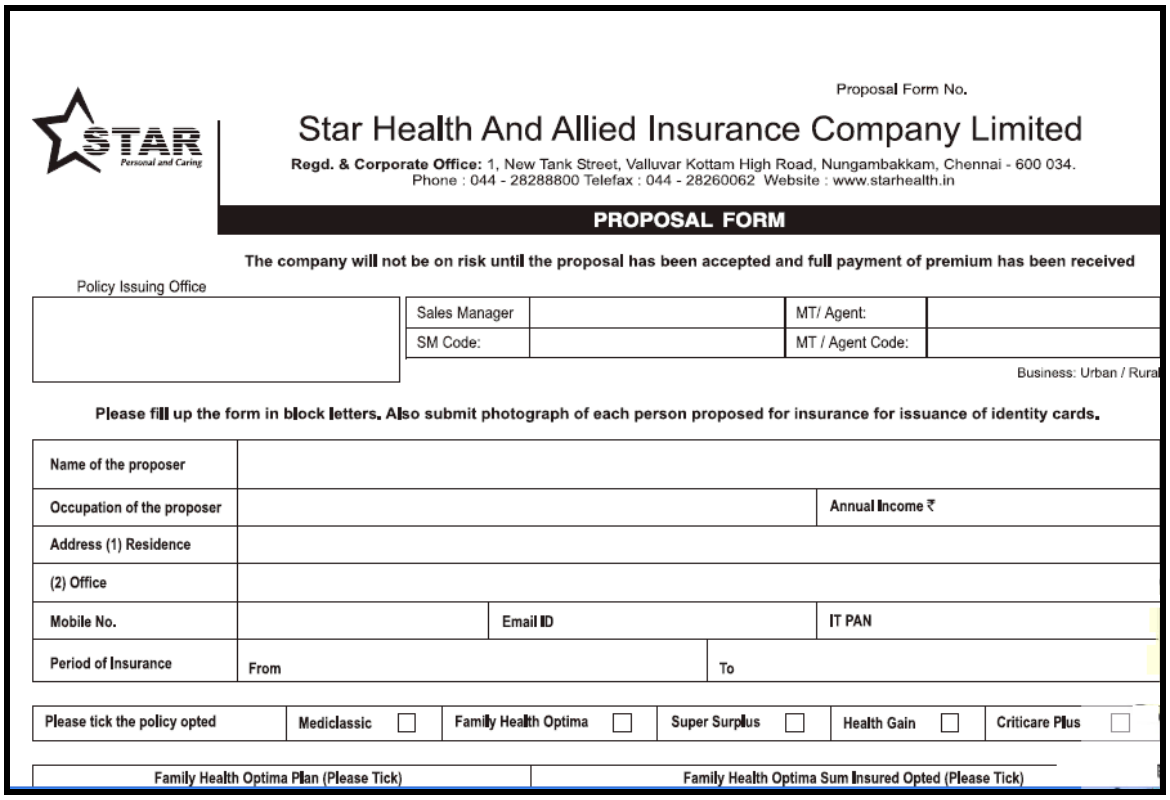
	It is mandatory to upload the Proposal Form and Photo of the Insured person.

	You can view the uploaded report individually and delete it by clicking the 'View Report' and 'Delete' hyperlinks respectively.

5. Click 'View Report' to view the report individually. The 'File Download' dialog box is displayed as shown below:



6. Click 'Open'. The report is displayed in PDF format as shown below:



Proposal Form No.

Star Health And Allied Insurance Company Limited

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.
Phone : 044 - 28288800 Telefax : 044 - 28260062 Website : www.starhealth.in

PROPOSAL FORM

The company will not be on risk until the proposal has been accepted and full payment of premium has been received

Policy Issuing Office

Sales Manager		MT/ Agent:	
SM Code:		MT / Agent Code:	

Business: Urban / Rural

Please fill up the form in block letters. Also submit photograph of each person proposed for insurance for issuance of identity cards.

Name of the proposer			
Occupation of the proposer			Annual Income ₹
Address (1) Residence			
(2) Office			
Mobile No.		Email ID	IT PAN
Period of Insurance	From		To

Please tick the policy opted	Mediclassic	☐	Family Health Optima	☐	Super Surplus	☐	Health Gain	☐	Criticare Plus	☐

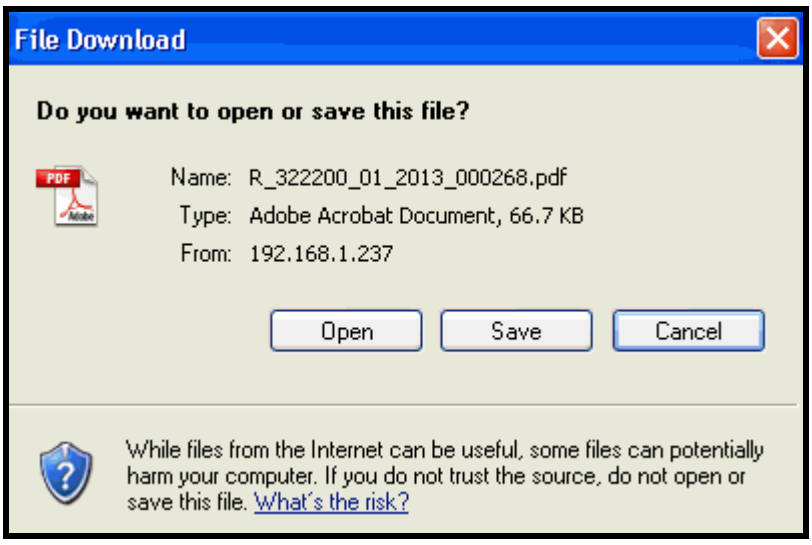
Family Health Optima Plan (Please Tick)	Family Health Optima Sum Insured Opted (Please Tick)

7. Click ‘Save’.

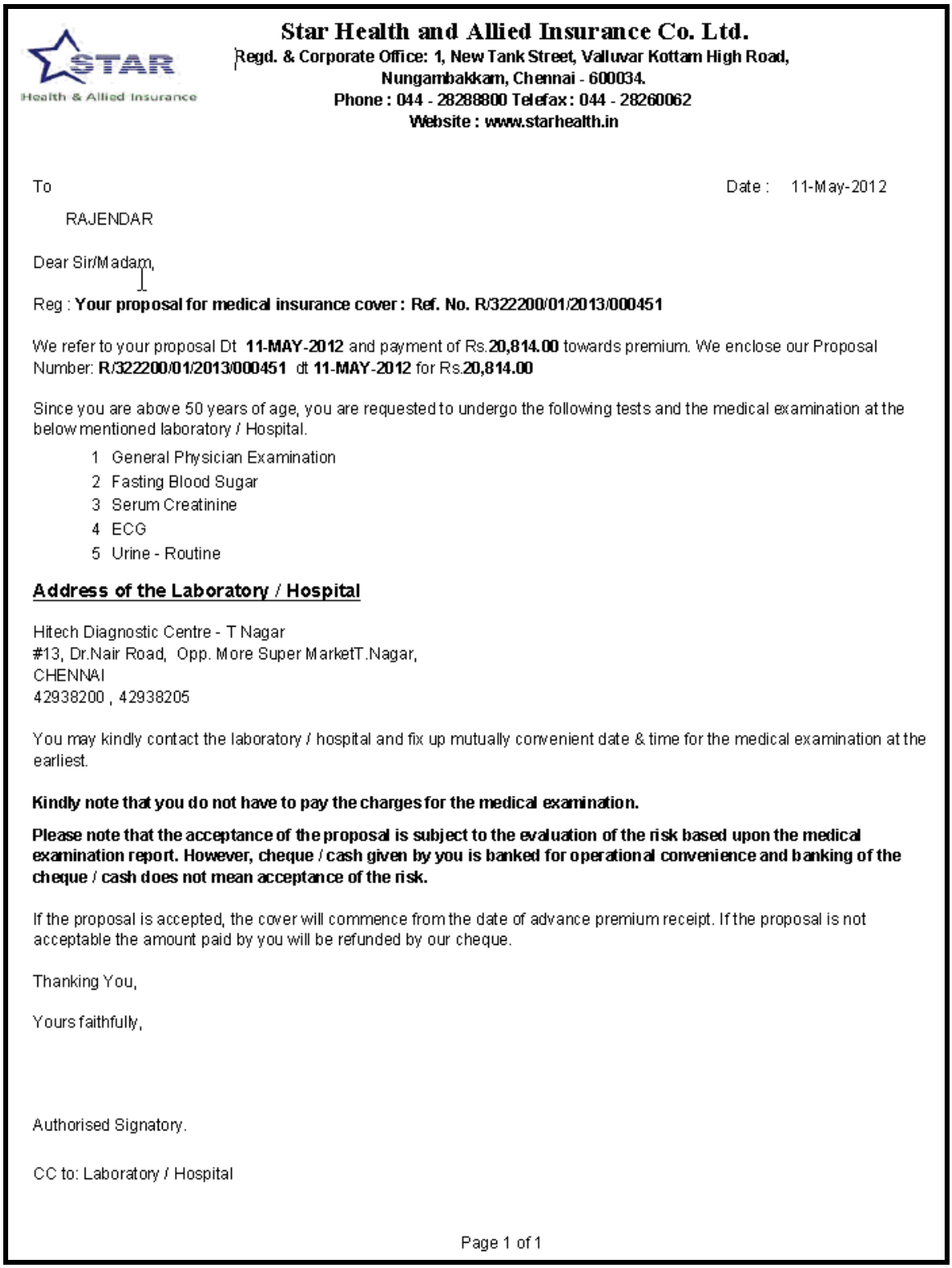
Generate Letter

On clicking this button, the Underwriter is able to generate the appointment letter to the insured person for medical checkup.

1. Click ‘Generate Letter’. The ‘File Download dialog’ box is displayed as shown below:



2. Click ‘Open’. The generated appointment letter is displayed as shown below:



Star Health and Allied Insurance Co. Ltd.

STAR Health & Allied Insurance

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
Phone : 044 - 28288800 Telefax: 044 - 28260062
Website : www.starhealth.in

To

RAJENDAR

Date : 11-May-2012

Dear Sir/Madam,

Reg : **Your proposal for medical insurance cover: Ref. No. R/322200/01/2013/000451**

We refer to your proposal Dt **11-MAY-2012** and payment of Rs.**20,814.00** towards premium. We enclose our Proposal Number: **R/322200/01/2013/000451** dt **11-MAY-2012** for Rs.**20,814.00**

Since you are above 50 years of age, you are requested to undergo the following tests and the medical examination at the below mentioned laboratory / Hospital.

1 General Physician Examination
2 Fasting Blood Sugar
3 Serum Creatinine
4 ECG
5 Urine - Routine

Address of the Laboratory / Hospital

Hitech Diagnostic Centre - T Nagar
#13, Dr.Nair Road, Opp. More Super MarketT.Nagar,
CHENNAI
42938200 , 42938205

You may kindly contact the laboratory / hospital and fix up mutually convenient date & time for the medical examination at the earliest.

Kindly note that you do not have to pay the charges for the medical examination.

Please note that the acceptance of the proposal is subject to the evaluation of the risk based upon the medical examination report. However, cheque / cash given by you is banked for operational convenience and banking of the cheque / cash does not mean acceptance of the risk.

If the proposal is accepted, the cover will commence from the date of advance premium receipt. If the proposal is not acceptable the amount paid by you will be refunded by our cheque.

Thanking You,

Yours faithfully,

Authorised Signatory.

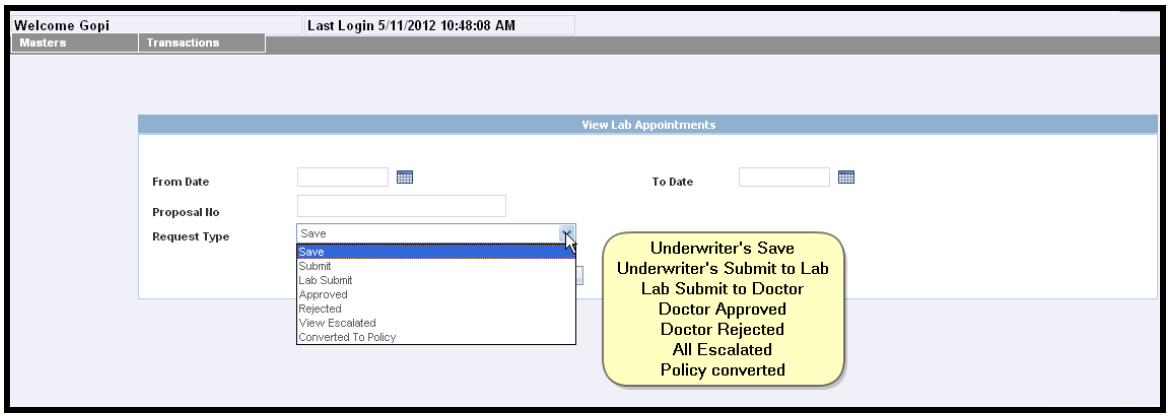
CC to: Laboratory / Hospital

Page 1 of 1

3. Click ‘Submit’ to submit the appointment letter generated. The record is saved successfully.

View Prior Appointments

This menu enables the Underwriter to view all previous lab appointments at any point of time in the web portal. The screen to view prior appointments available in the queue is shown below:



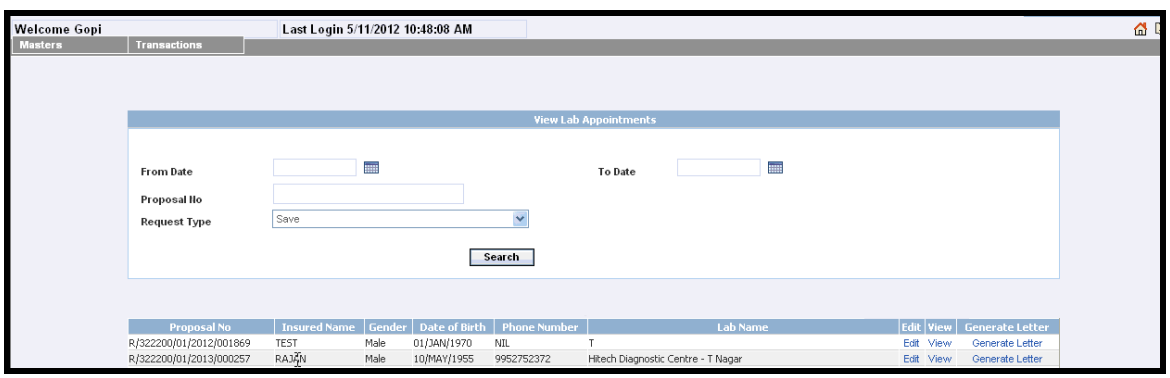
1. Enter or select the 'From Date' and 'To Date' from the application calendar LOV.

The available status (Request Types) is:

- ❑ Save
- ❑ Submit
- ❑ Lab Submit
- ❑ Rejected
- ❑ View Escalated
- ❑ Approved
- ❑ Convert To Policy

Save

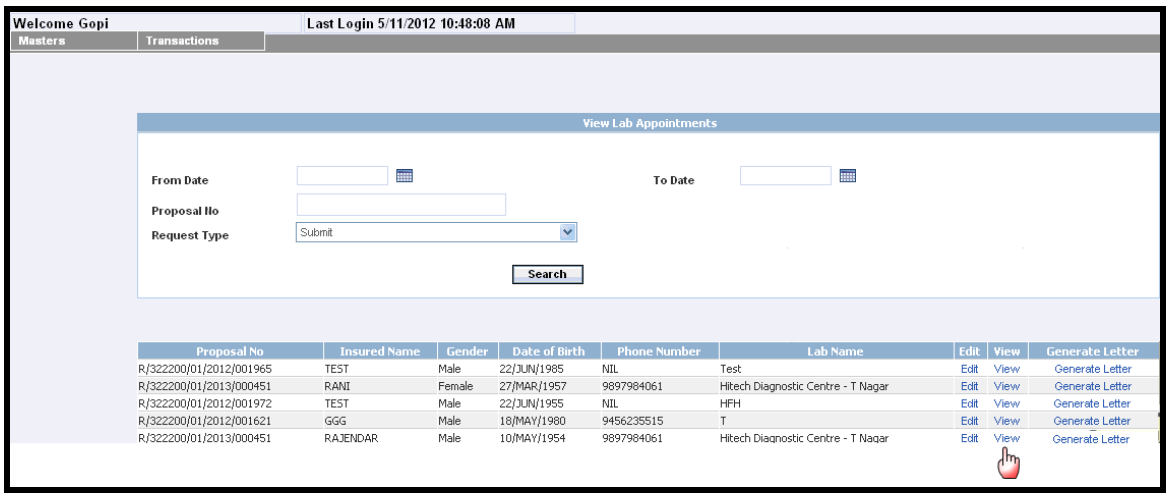
On selecting the 'Request Type' as 'Save', the Underwriter is able to view the list of entries saved by the Underwriter but not assigned to Diagnostic Lab as shown below:



Submit

On selecting the 'Request Type' as 'Submit', the Underwriter is able to view the list of Proposals saved by the Underwriter and submitted to Diagnostic Lab.

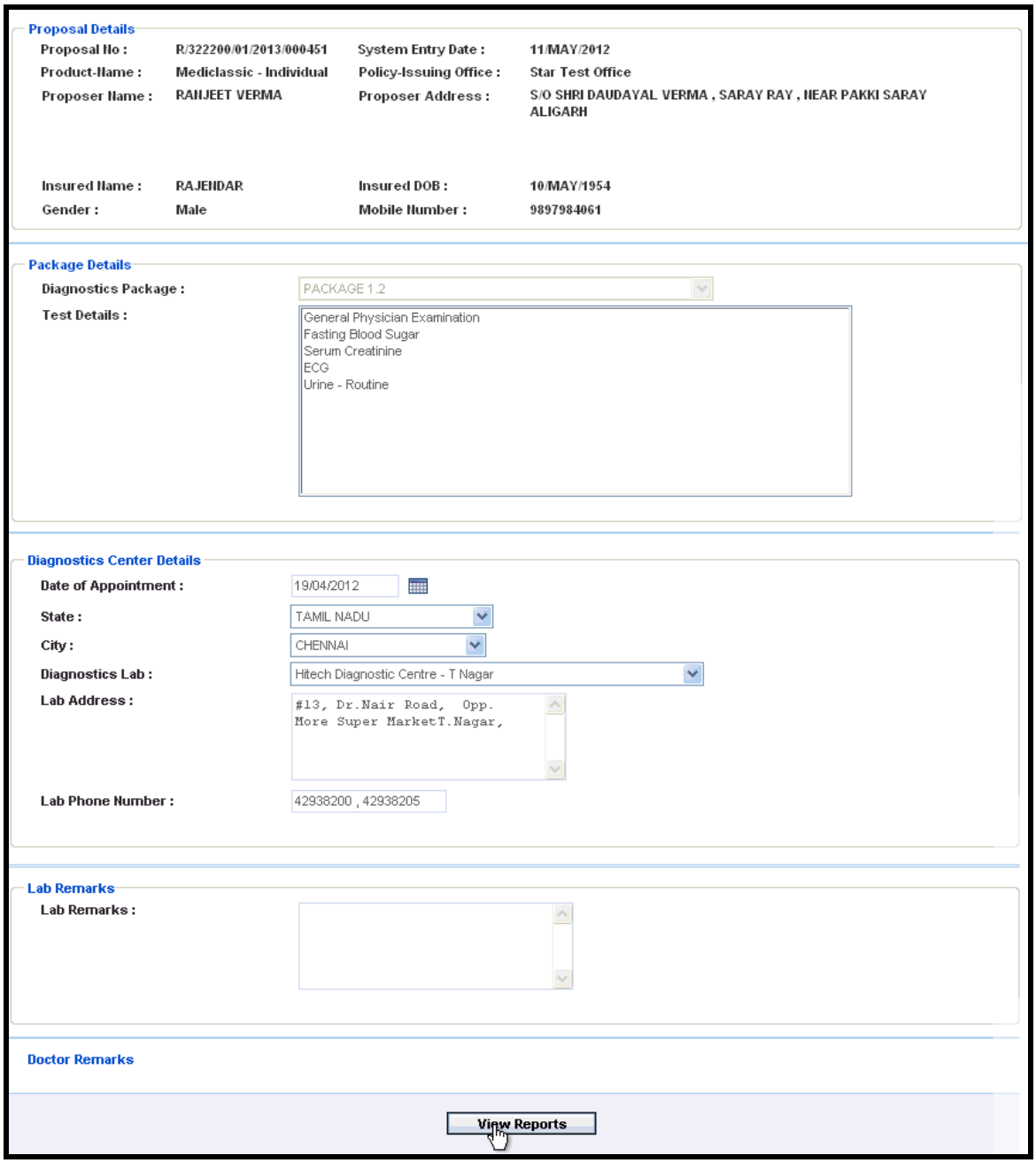
1. Select 'Request Type' as 'Submit', and then click 'Search'. The system displays the search result screen showing the list of entries completed by the Underwriter and pending in Diagnostic Lab:



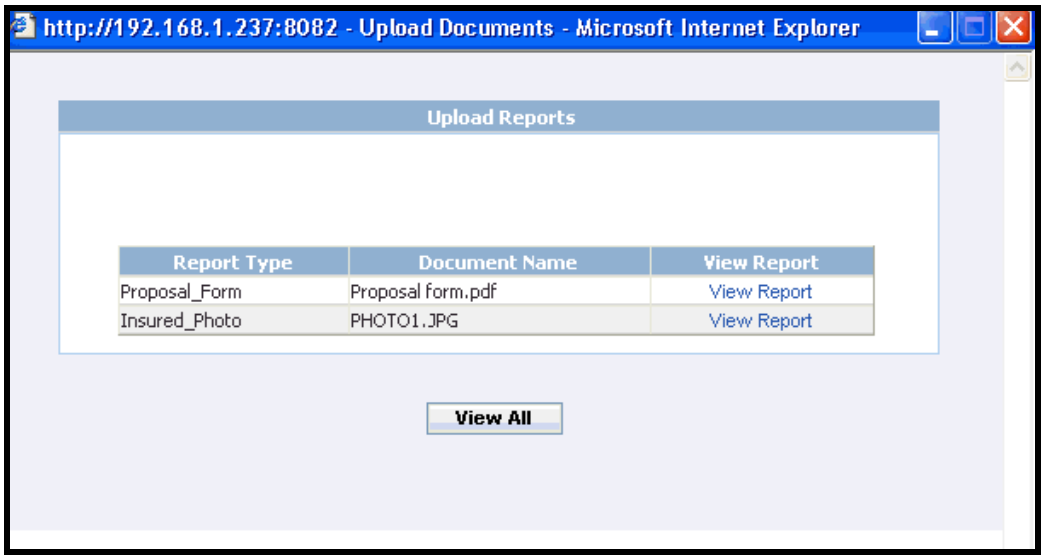
The screen displays the following details:

- ❑ Proposal No
- ❑ Insured Name
- ❑ Gender
- ❑ Date of Birth
- ❑ Phone Number
- ❑ Lab Name
- ❑ Edit – Click this hyperlink to edit the proposal which are submitted
- ❑ View – Click this hyperlink to view the proposal form
- ❑ Generate Letter – Click this hyperlink to generate appointment letter for the submitted proposal

2. Click 'View' hyperlink. The system displays the proposal form with Lab remarks and Doctors remarks as shown below:


Proposal Details
Proposal No : R/322200/01/2013/000451
System Entry Date : 11/MAY/2012
Product-Name : Mediclassic - Individual
Policy-Issuing Office : Star Test Office
Proposer Name : RANJEET VERMA
Proposer Address : S/O SHRI DAUDAYAL VERMA , SARAY RAY , NEAR PAKKI SARAY ALIGARH
Insured Name : RAJENDAR
Insured DOB : 10/MAY/1954
Gender : Male
Mobile Number : 9897984061
Package Details
Diagnostics Package : PACKAGE 1.2
Test Details : General Physician Examination
Fasting Blood Sugar
Serum Creatinine
ECG
Urine - Routine
Diagnostics Center Details
Date of Appointment : 19/04/2012
State : TAMIL NADU
City : CHENNAI
Diagnostics Lab : Hitech Diagnostic Centre - T Nagar
Lab Address : #13, Dr.Nair Road, Opp. More Super MarketT.Nagar,
Lab Phone Number : 42938200 , 42938205
Lab Remarks
Lab Remarks :
Doctor Remarks
View Reports

3. Click ‘View Reports’. The ‘Upload Repots’ window is displayed as shown below:

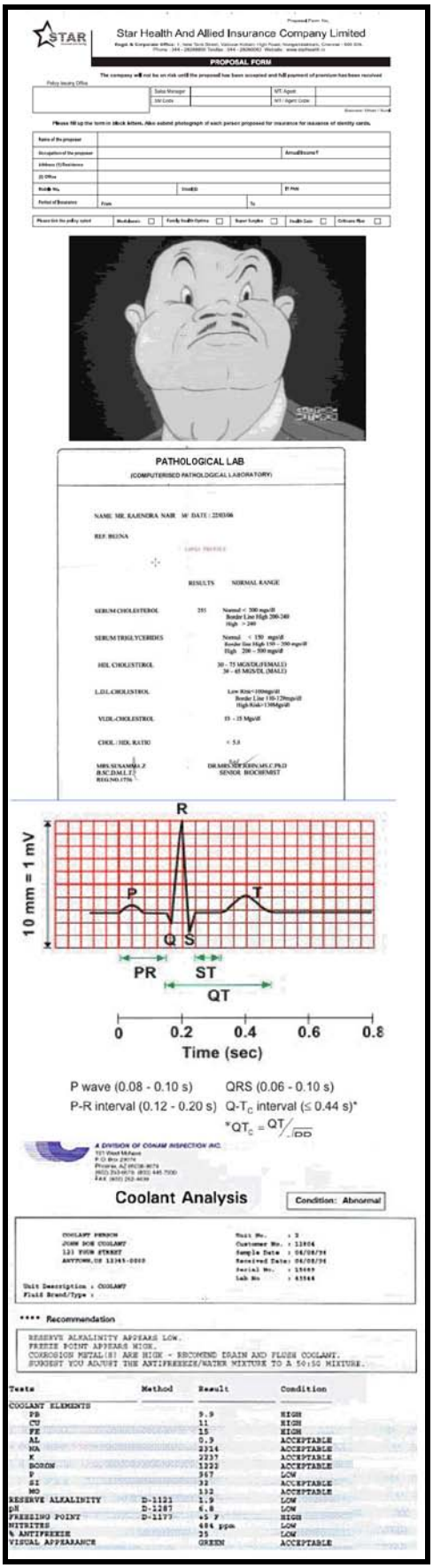


The list of documents which are already uploaded in the system is displayed.

4. Click ‘View All’ to view all the uploaded reports against the proposer in a single click mode in one PDF format. A sample screen showing few reports is shown below:

3i Infotech®
Innovation • Insight • Integrity

STAR Health Insurance
Personal & Caring
The Health Insurance Specialist



Star Health And Allied Insurance Company Limited

PROPOSAL FORM

The company will not be on risk until the proposal has been accepted and full payment of premium has been received

Please fill up the form in block letters. Also submit photograph of each person proposed for insurance for issuance of identity cards.

Name of the proposer			
Occupation of the proposer		Annual Income ₹	
Address (Ci)Residence			
(Ci) Office			
Mobile No.		Email ID	ST PAN
Period of Insurance	From	To	

Please tick the policy sated: Mediaboon ☐ Family Health Optima ☐ Super Surplus ☐ Health Care ☐ Criticare Plus ☐

PATHOLOGICAL LAB
(COMPUTERISED PATHOLOGICAL LABORATORY)

NAME: MR. RAJENDRA NAIR M/ DATE : 22/03/06

REF. BEENA

	RESULTS	NORMAL RANGE
SERUM CHOLESTEROL	255	Normal < 200 mgs/dl Border Line High 200-240 High > 240
SERUM TRIGLYCERIDES		Normal < 150 mgs/dl Border line High 150 – 200 mgs/dl High 200 – 500 mgs/dl
HDL CHOLESTEROL		30 – 75 MGS/DL(FEMALE) 30 – 65 MGS/DL (MALE)
L.D.L.CHOLESTROL		Low Risk<100mgs/dl Border Line 110-129mgs/dl High Risk>130Mgs/dl
VLDL-CHOLESTROL		15 - 35 Mgs/dl
CHOL / HDL RATIO		< 5.0

MRS.SUSAMMA.Z
B.SC.D.M.L.T.
REG.NO.1776

DR.MRS.MEERSEN.MS.C.PH.D
SENIOR BIOCHEMIST

P wave (0.08 - 0.10 s) QRS (0.06 - 0.10 s)
P-R interval (0.12 - 0.20 s) Q-T_C interval (≤ 0.44 s)*
*$QT_C = QT/\sqrt{RR}$

A DIVISION OF CONAM INSPECTION INC.
101 West McKinley
P.O. Box 29076
Phoenix, AZ 85038-9076
(602) 253-6678 (602) 445-7500
FAX (602) 252-4639

Coolant Analysis

Condition: Abnormal

COOLANT PERSON
JOHN DOE COOLANT
121 YOUR STREET
ANYTOWN,OR 12345-0000

Unit No. : 2
Customer No. : 12804
Sample Date : 04/08/96
Received Date: 04/08/96
Serial No. : 15669
Lab No : 45544

Unit Description : COOLANT
Fluid Brand/Type :

**** Recommendation

RESERVE ALKALINITY APPEARS LOW.
FREEZE POINT APPEARS HIGH.
CORROSION METAL(S) ARE HIGH - RECOMEND DRAIN AND FLUSH COOLANT.
SUGGEST YOU ADJUST THE ANTIFREEZE/WATER MIXTURE TO A 50:50 MIXTURE.

Tests	Method	Result	Condition
COOLANT ELEMENTS			
PB		9.9	HIGH
CU		11	HIGH
FE		15	HIGH
AL		0.9	ACCEPTABLE
NA		2314	ACCEPTABLE
K		2737	ACCEPTABLE
BORON		1222	ACCEPTABLE
P		967	LOW
SI		32	ACCEPTABLE
MO		132	ACCEPTABLE
RESERVE ALKALINITY	D-1121	1.9	LOW
pH	D-1287	6.8	LOW
FREEZING POINT	D-1177	+5 F	HIGH
NITRITES		484 ppm	LOW
% ANTIFREEZE		25	LOW
VISUAL APPEARANCE		GREEN	ACCEPTABLE

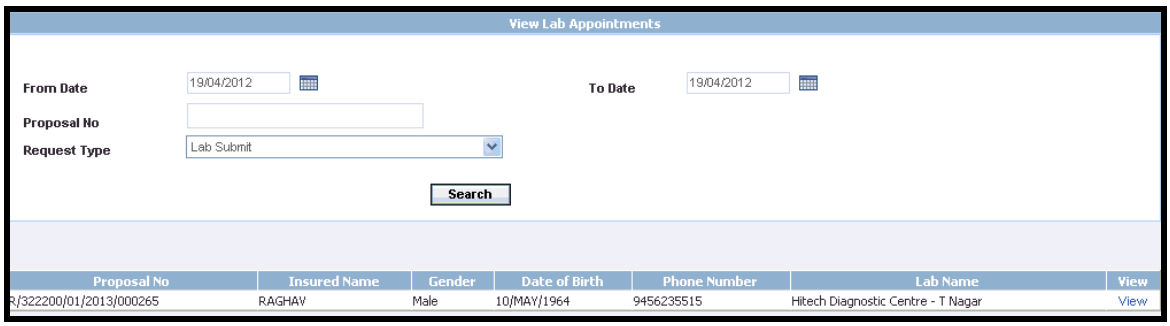
	You can also click 'View Report' against the 'Report Type' to view the corresponding report.

5. Click 'Submit' The entries are posted and queued in Diagnostic Lab's Log in.

Lab Submit

On selecting the 'Request Type' as 'Lab Submit', the Underwriter is able to view the list of entries submitted by Diagnostic Lab and Pending with Area Doctor.

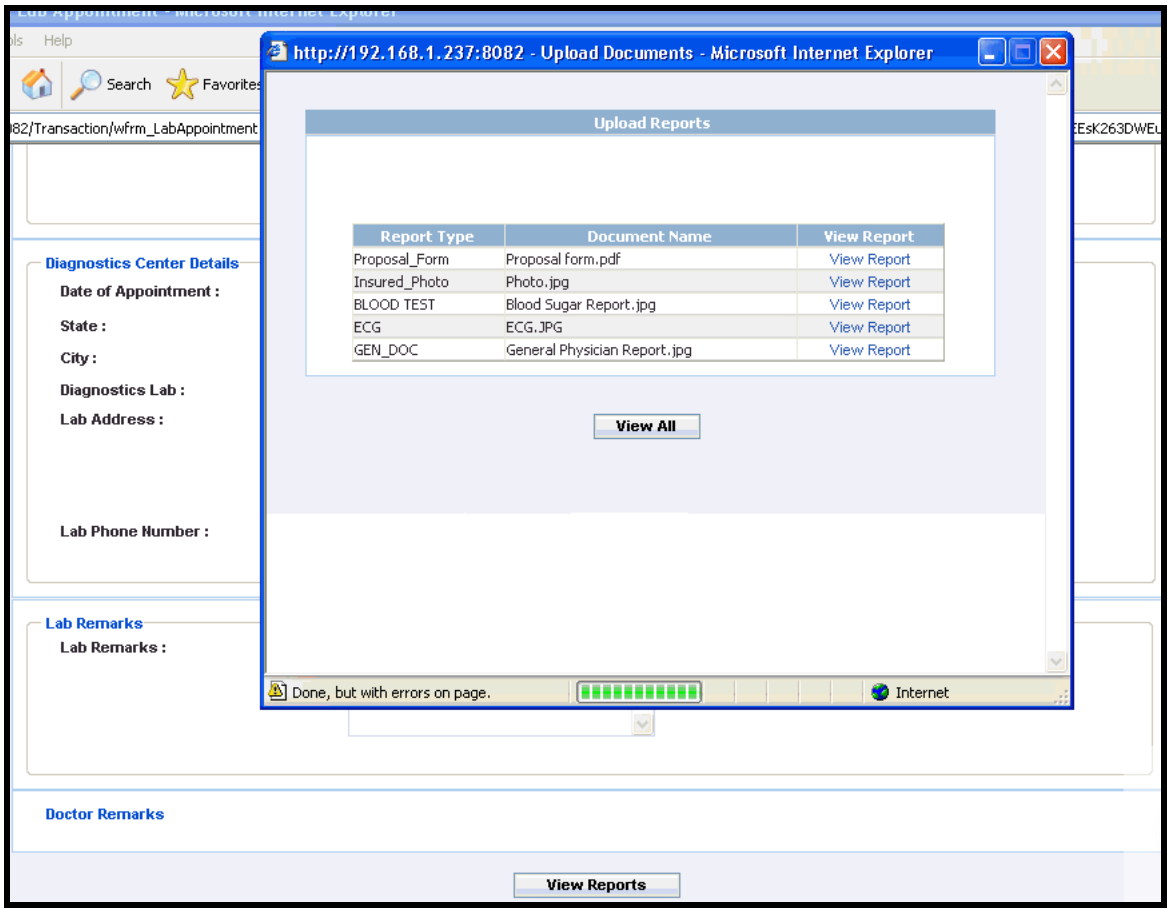
1. Select 'Request Type' as 'Lab Submit', and then click 'Search'. The system displays the search result screen that display the list of proposals still pending with the Area Doctor as shown below:



The screen displays the following details:

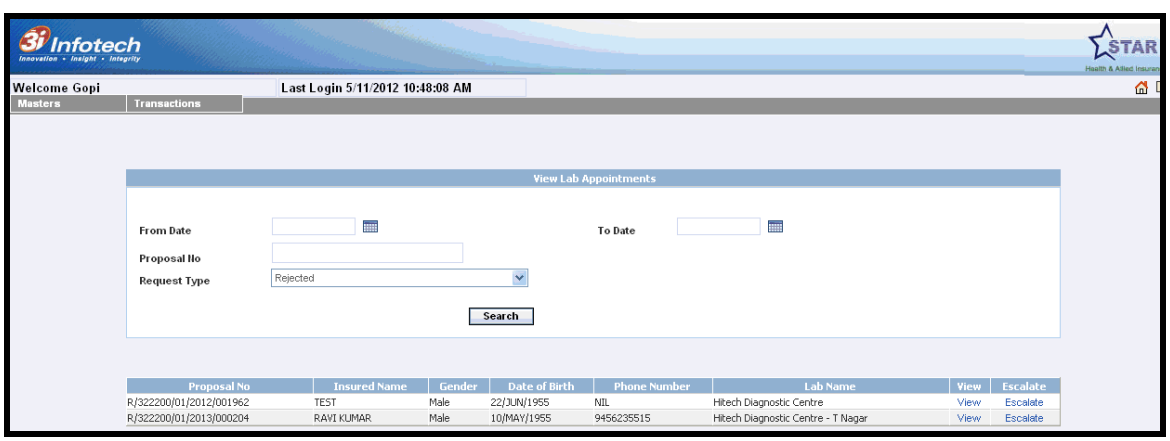
- Proposal No
- Insured Name
- Gender
- Date of Birth
- Phone Number
- Lab Name
- View – Click this hyperlink to view the proposals submitted in the Diagnostic Lab

2. Click 'View'. The system displays the 'Upload Reports' window to view the reports as shown below:



Rejected

On selecting the 'Request Type' as 'Rejected', the Underwriter is able to view the list of entries rejected by the Doctor. It can be escalated to Zonal / Corporate Doctor for further approval.

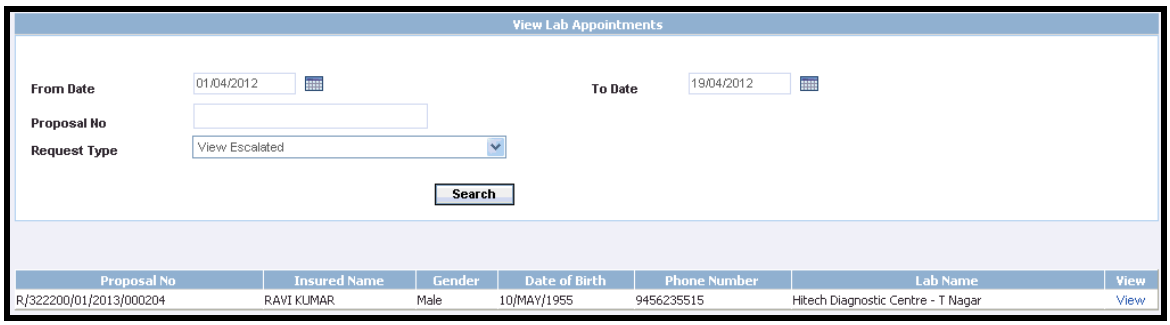


	Entries rejected by Corporate Doctor cannot be escalated again.

View Escalated

On selecting the 'Request Type' as 'View Escalated', the Underwriter is able to view all escalated proposals escalated and pending with Zonal / Corporate Doctor.

1. Select 'Request Type' as 'View Escalated', and then click 'Search'. The system displays the search result screen that display the list of proposals escalated and pending with the Zonal / Corporate Doctor as shown below:



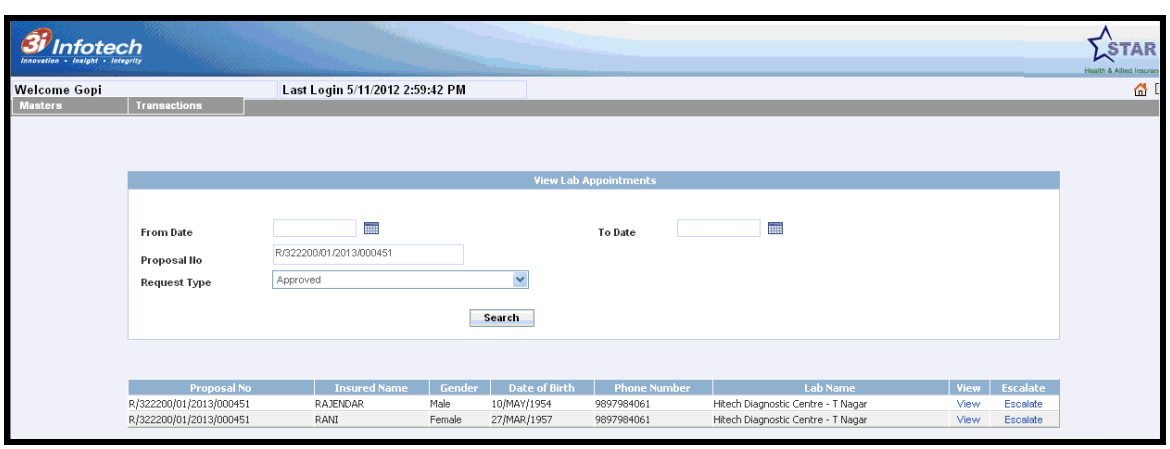
The screen displays the following details:

- Proposal No
- Insured Name
- Gender
- Date of Birth
- Phone Number
- Lab Name
- View – Click this hyperlink to view the proposal which are escalated to Corporate Office

Approved

On selecting the 'Request Type' as 'Approved', the Underwriter is able to view the list of entries approved by Area Doctor but still the proposal is not converted to policy.

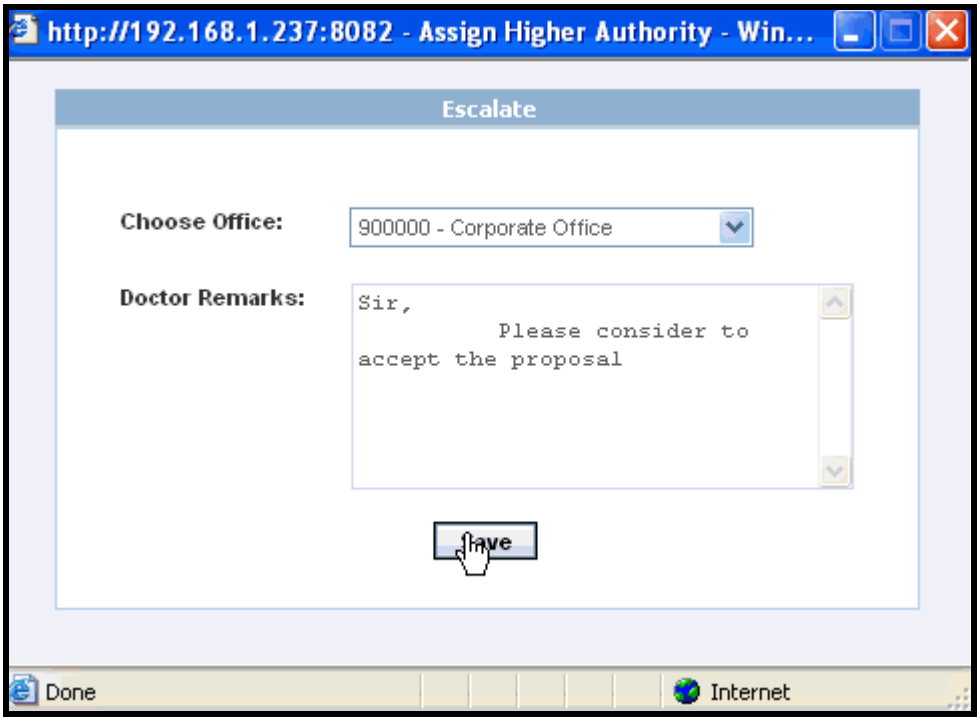
1. Select 'Request Type' as 'Approved', and then click 'Search'. The system displays the search result screen that display the list of proposals still pending with the Doctor as shown below:



The screen displays the following details:

- Proposal No

- Insured Name
- Gender
- Date of Birth
- Phone Number
- Lab Name
- View – Click this hyperlink to view the proposal which are approved
- Escalate – Click this hyperlink to escalate the approved proposals to the Zonal / Corporate Doctor for a reason



2. Click ‘Save’. The record is saved successfully.

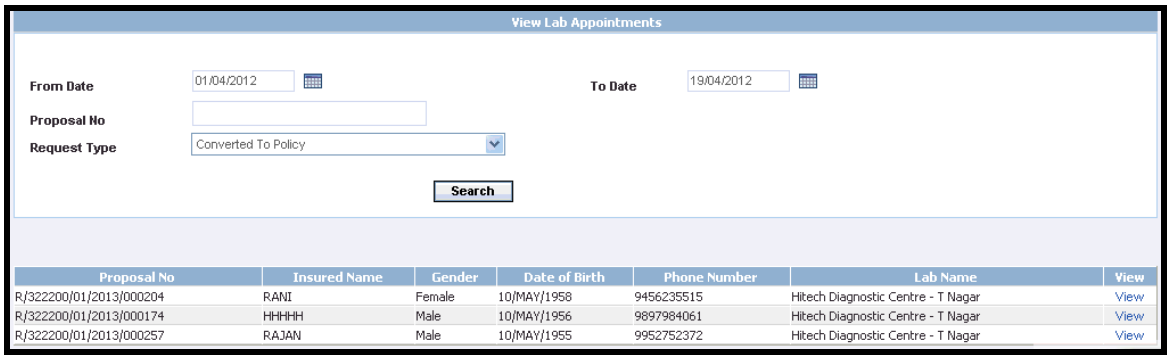
	Entries rejected by Corporate Doctor cannot be escalated again.

Convert To Policy

Along with the Medical doctor suggestion, the proposal and the reports are conveyed to the Underwriter to take a decision. If the proposal & medical report is not fulfilling the underwriting requirement, the underwriter rejects the proposal. If the proposal is accepted with some limitations and conditions, the proposal is converted to policy with expressed conditions. Some cases, it may be an implied condition with support of proposal and pre medical test (ex: pre existing disease exclusion and Pre Medical test).

To view proposals that can be converted to policy,

1. Select ‘Request Type’ as ‘Convert To Policy’, and then click ‘Search’. The system displays the search result screen with proposals converted to policies as shown below

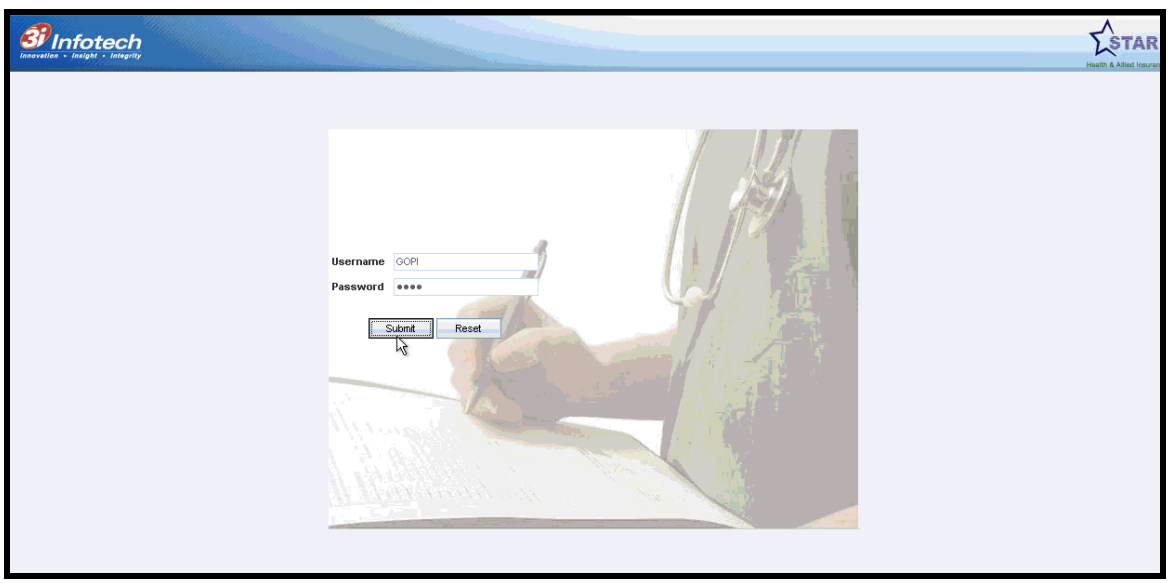


The screen displays the following details:

- ❑ Proposal No
- ❑ Insured Name
- ❑ Gender
- ❑ Date of Birth
- ❑ Phone Number
- ❑ Lab Name
- ❑ View – Click this hyperlink to view the proposal form which are converted to policy

Now, to convert the proposal to policy,

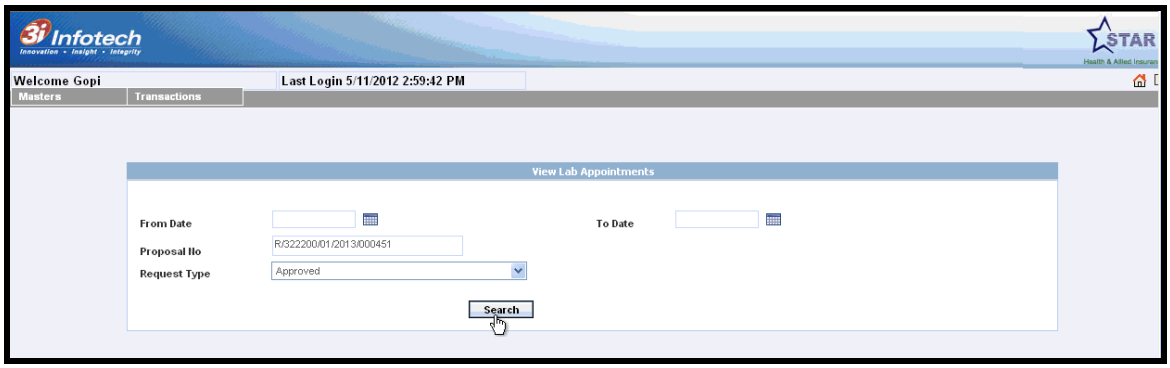
2. Logon to the MER portal with the login credentials of an Underwriter as shown below:



3. Enter ‘UserName’ and ‘Password’ in the respective fields.
4. Click ‘Submit’. On submitting, the ‘Welcome’ page of the medical portal is displayed.

To view approved proposals waiting to be converted to policies,

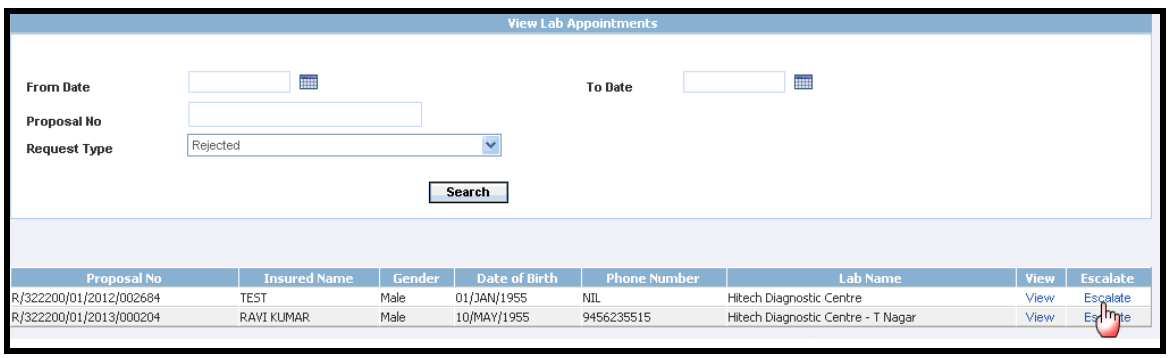
5. Select the ‘Request Type’ as ‘Approved’ and then click ‘Search’. The system displays the list of approved proposals as shown below:



Escalation is possible for Approved and Rejected proposals.

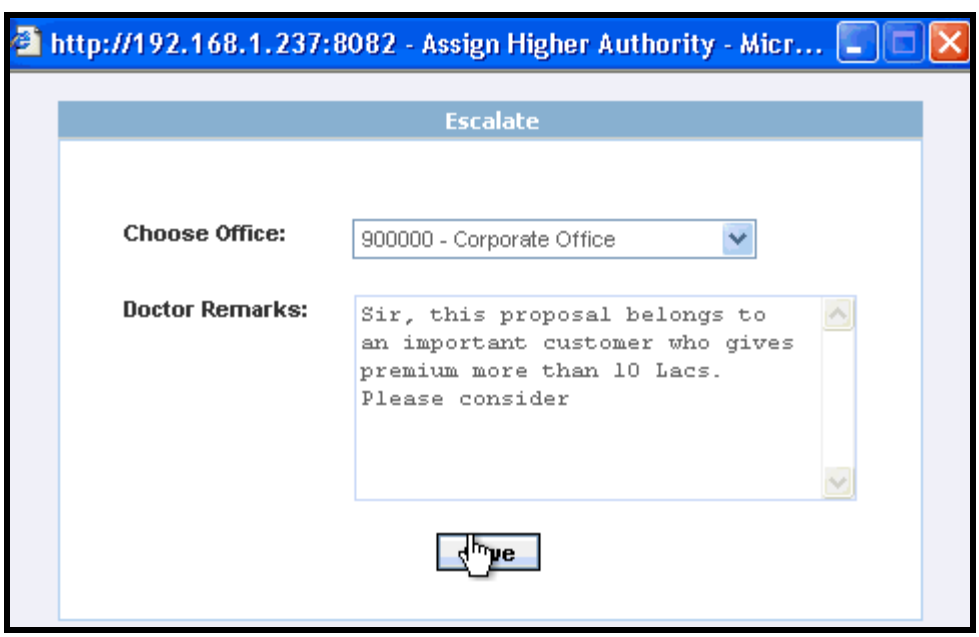
To view rejected proposals,

6. Select the 'Request Type' as 'Rejected',' and then click 'Search'. The system displays the list of rejected proposals as shown below



The UW can either escalate or view the submitted proposals.

7. Click 'Escalate' hyperlink to escalate the proposal for further verification as shown below:

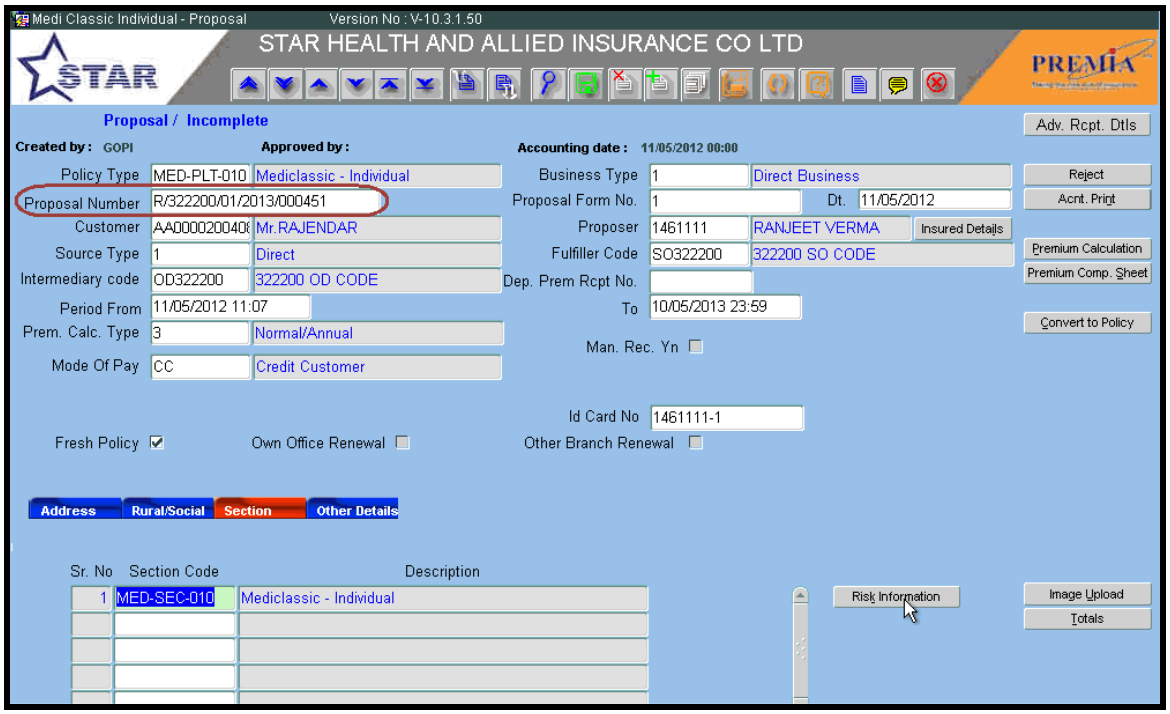


8. Select the Office to whom the escalation needs to be done. On escalating the request to the ‘Corporate Office’ the request will be queued in the Corporate Medical Doctor log in.

9. Enter the remarks in ‘Doctor Remarks’ text box, and then click ‘Save’. On clicking, the record is saved successfully. Now, the proposal awaits Corporate Office approval.

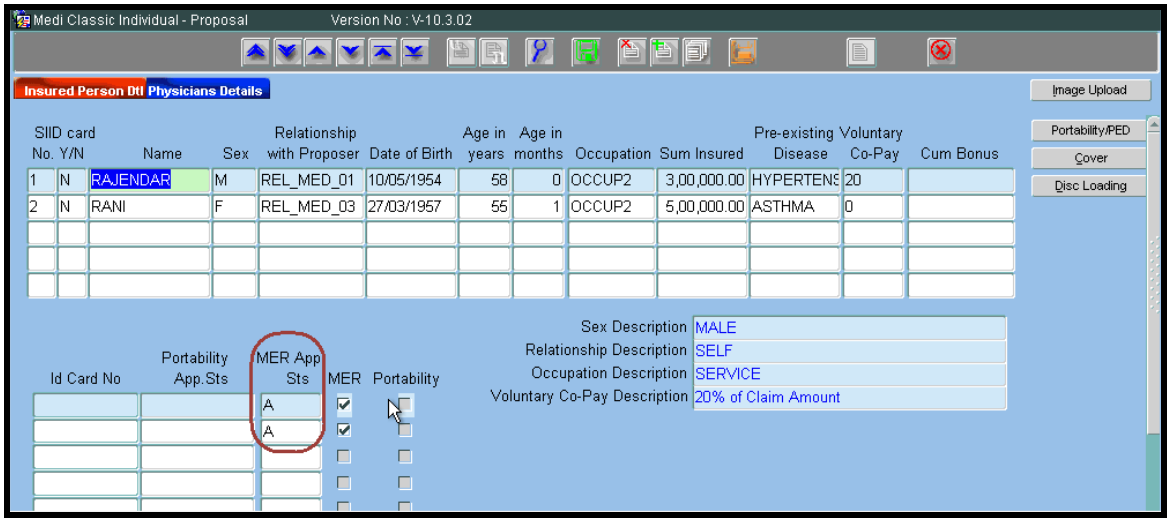
Policy Conversion

1. Logon to PREMIA application and query the proposal number to view the Proposal details as shown below:



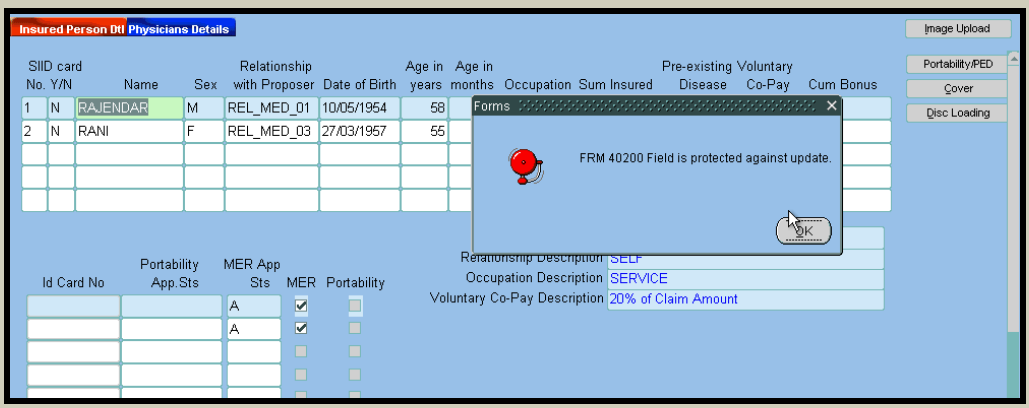
2. Click ‘Risk Information’ to view the Insured Person Details.

On approval of the proposal with PED, the ‘MER App Sts’ in PREMIA application gets updated with ‘A’ as approved’. The Underwriter (PREMIA login user) can convert the proposal to policy in this stage.



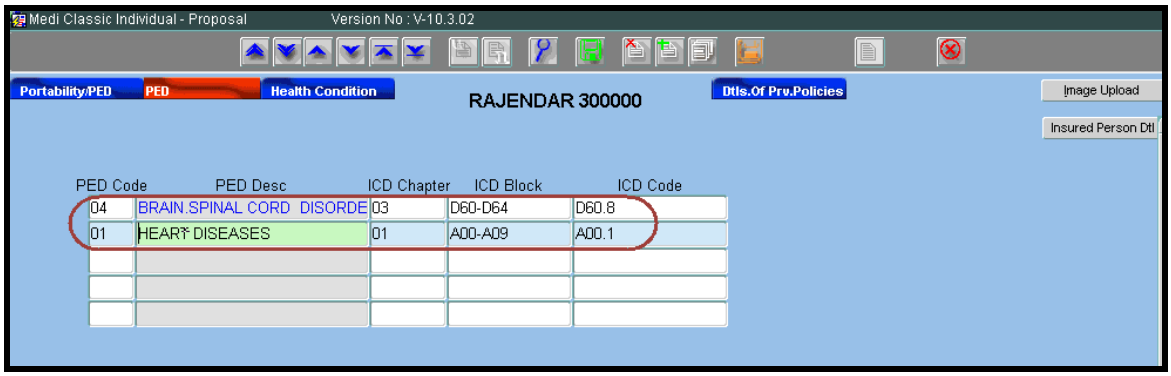
	For Rejected entries, the 'MER App Sts' in PREMIA shows 'R' (rejected).

	If anyone row contains 'R', then without deleting that particular risk, the policy cannot be converted. The Underwriter (PREMIA login user) is allowed to delete that particular risk row and proceed further, if required.

	The system does not allow the Underwriter to modify any details related to the insured person. On modification, the system displays an error message 'Field is protected against update' as shown below:  Click Ok and close the Insured Dtls screen.

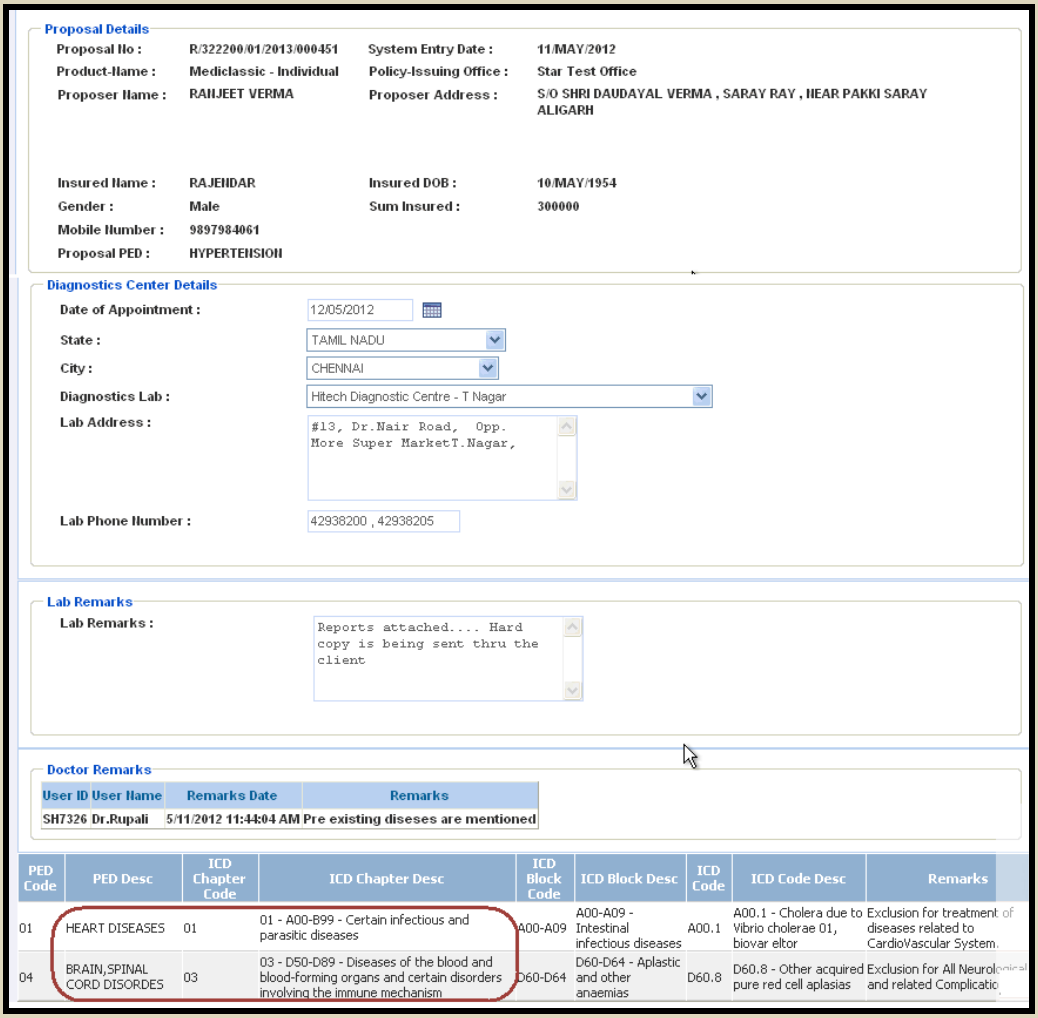
3. Select the name of the insured, and then click the 'Portability / PED' button.

4. Click ‘PED’ tab. The PED details entered by the Medical Doctor is displayed for the respective insured person as highlighted and shown below:

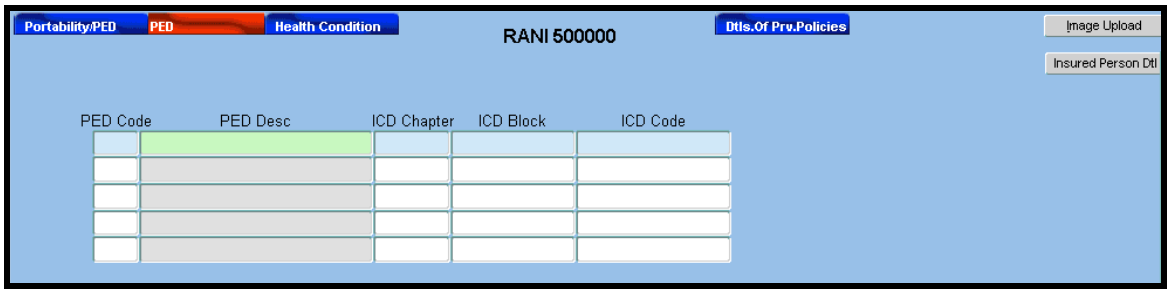


These fields are non-editable fields.

Logon to MER portal to view and check if the PEDs mentioned for the insured person maps with the PEDs displayed in PREMIA application as shown below

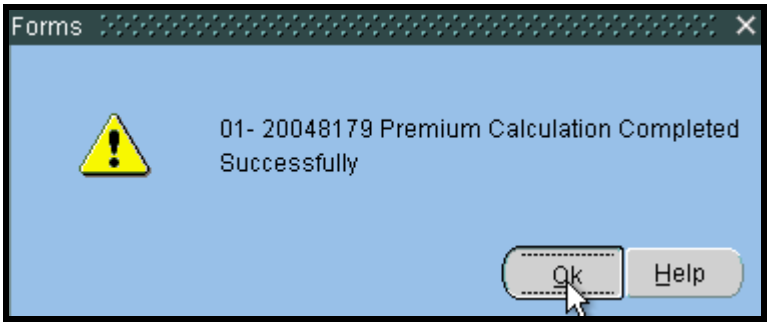


5. Likewise if there is no PED selected against an insured person, then the PED block is displayed blank as shown below:

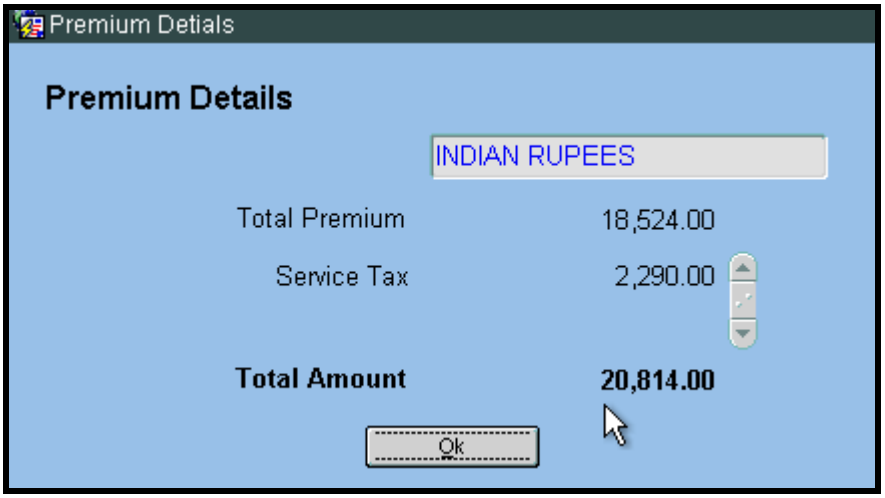


You are not allowed to create any records in this block.

6. Click 'Insured Person Dtls' button to navigate to previous screen.
7. Click 'Premium Calculation' available in the proposal screen. On clicking, the premium is calculated for the proposal. The system displays a success message as shown below:

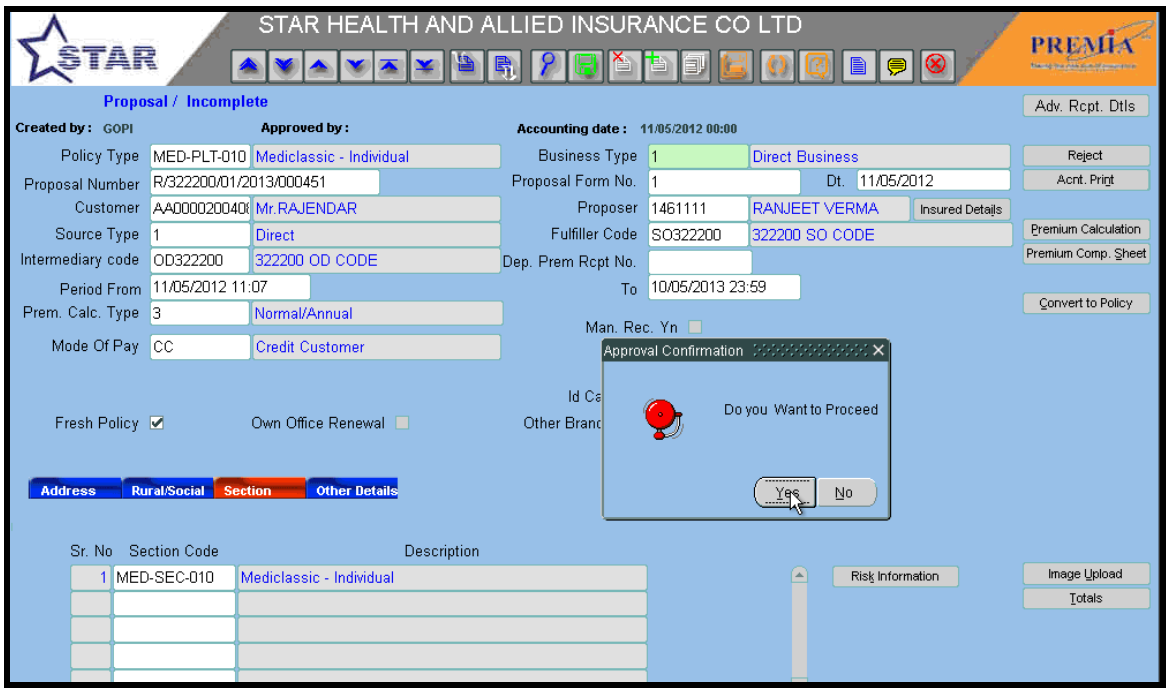


8. Click 'OK' to view the following 'Premium Details' screen:



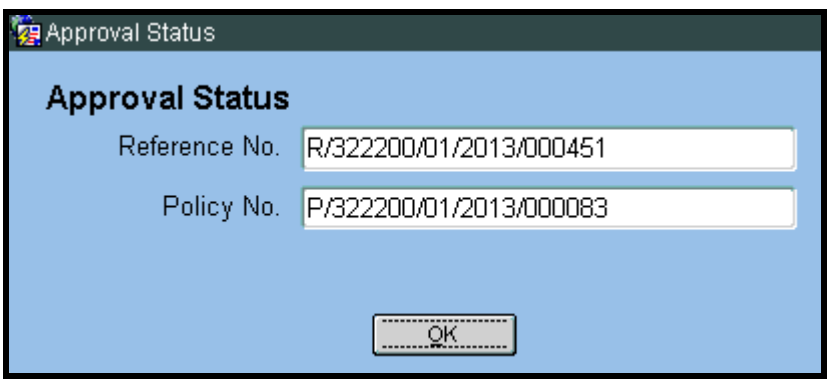
Premium details screen displays the total premium and total amount calculated for the particular quotation/policy. Click 'Ok' to go back to the main screen

9. Click ‘Convert to Policy’ button as shown below:

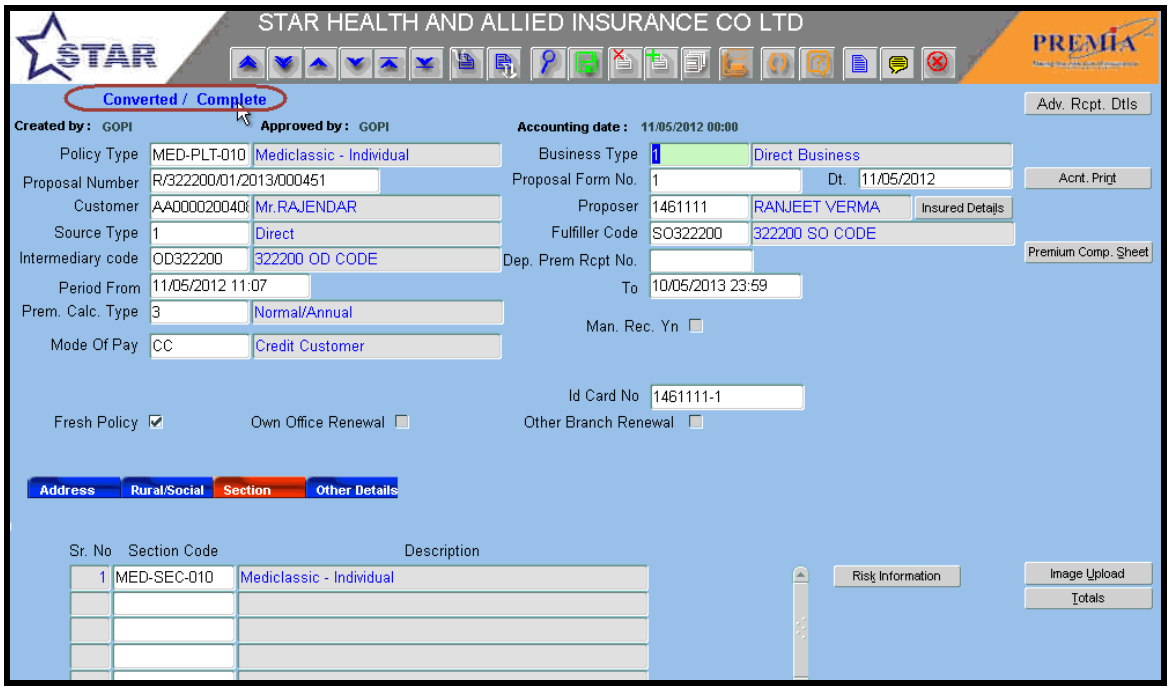


The confirmation dialog box is displayed as shown above.

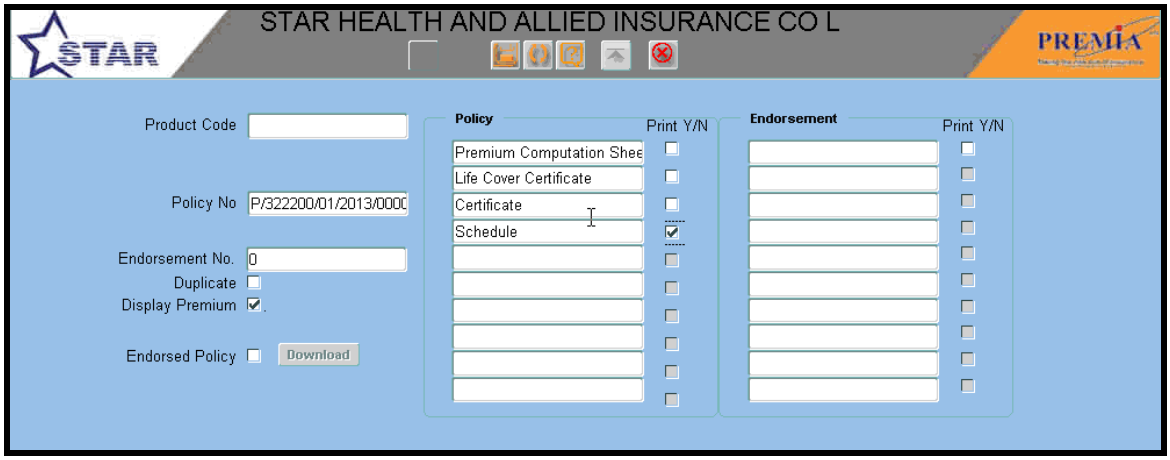
10. Click ‘OK’ to proceed. On clicking, the ‘Approval Status’ window is displayed showing the Reference No and generated Policy No.



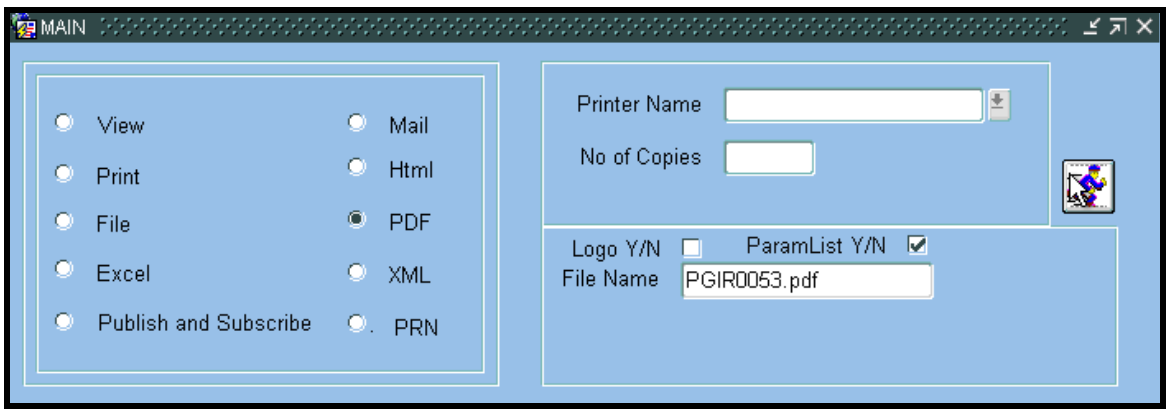
11. Click ‘OK’. The proposal is converted to policy and the status of the proposal is highlighted and shown below:



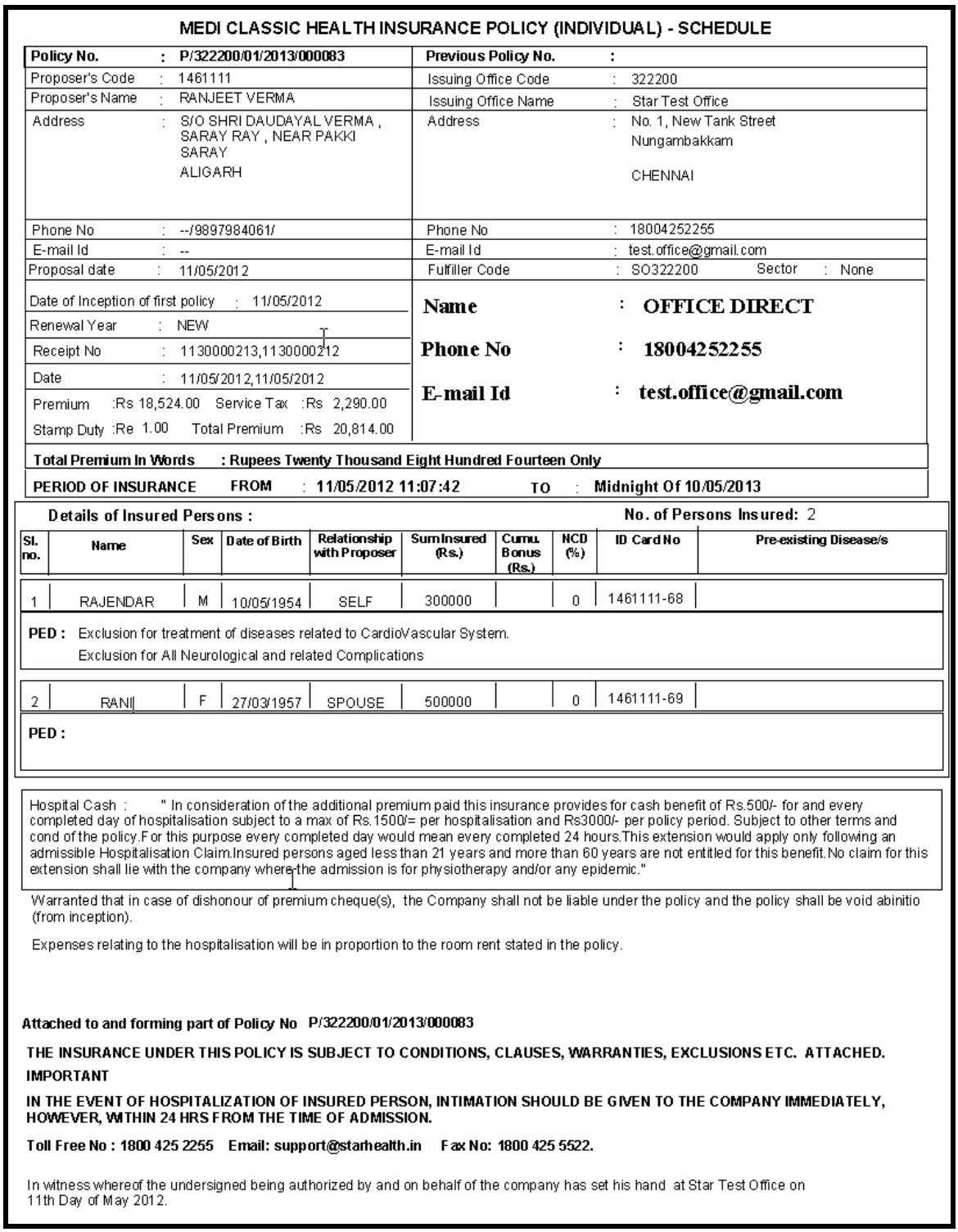
12. Click **Underwriting** ➤ **Policy Documents** ➤ **Policy Endorsement Preview**
13. Enter the 'Policy No' to print the schedule as shown below:



14. Click 'Print' to print the schedule. A pop-up window is displayed as shown below:



15. Select the required option, the format in which the schedule needs to be printed.
16. Click ‘Go’. The policy schedule generated in the required format is displayed as shown below:



MEDI CLASSIC HEALTH INSURANCE POLICY (INDIVIDUAL) - SCHEDULE

Policy No.	: **P/322200/01/2013/000083**	**Previous Policy No.**	:
Proposer's Code	: 1461111	Issuing Office Code	: 322200
Proposer's Name	: RANJEET VERMA	Issuing Office Name	: Star Test Office
Address	: S/O SHRI DAUDAYAL VERMA , SARAY RAY , NEAR PAKKI SARAY ALIGARH	Address	: No. 1, New Tank Street Nungambakkam CHENNAI
Phone No	: --/9897984061/	Phone No	: 18004252255
E-mail Id	: --	E-mail Id	: test.office@gmail.com
Proposal date	: 11/05/2012	Fulfiller Code	: SO322200 Sector : None
Date of Inception of first policy	: 11/05/2012	**Name**	: **OFFICE DIRECT**
Renewal Year	: NEW	**Phone No**	: **18004252255**
Receipt No	: 1130000213,1130000212	**E-mail Id**	: **test.office@gmail.com**
Date	: 11/05/2012,11/05/2012		
Premium	:Rs 18,524.00 Service Tax :Rs 2,290.00		
Stamp Duty	:Re 1.00 Total Premium :Rs 20,814.00		

Total Premium In Words : Rupees Twenty Thousand Eight Hundred Fourteen Only

PERIOD OF INSURANCE FROM : 11/05/2012 11:07:42 TO : Midnight Of 10/05/2013

Details of Insured Persons : **No. of Persons Insured:** 2

Sl. no.	Name	Sex	Date of Birth	Relationship with Proposer	Sum Insured (Rs.)	Cumu. Bonus (Rs.)	NCD (%)	ID Card No	Pre-existing Disease/s
1	RAJENDAR	M	10/05/1954	SELF	300000		0	1461111-68	
PED : Exclusion for treatment of diseases related to CardioVascular System. Exclusion for All Neurological and related Complications									
2	RANI	F	27/03/1957	SPOUSE	500000		0	1461111-69	
PED :									

Hospital Cash : " In consideration of the additional premium paid this insurance provides for cash benefit of Rs.500/- for and every completed day of hospitalisation subject to a max of Rs.1500/= per hospitalisation and Rs3000/- per policy period. Subject to other terms and cond of the policy.For this purpose every completed day would mean every completed 24 hours.This extension would apply only following an admissible Hospitalisation Claim.Insured persons aged less than 21 years and more than 60 years are not entitled for this benefit.No claim for this extension shall lie with the company where the admission is for physiotherapy and/or any epidemic."

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Expenses relating to the hospitalisation will be in proportion to the room rent stated in the policy.

Attached to and forming part of Policy No P/322200/01/2013/000083

THE INSURANCE UNDER THIS POLICY IS SUBJECT TO CONDITIONS, CLAUSES, WARRANTIES, EXCLUSIONS ETC. ATTACHED.

IMPORTANT

IN THE EVENT OF HOSPITALIZATION OF INSURED PERSON, INTIMATION SHOULD BE GIVEN TO THE COMPANY IMMEDIATELY, HOWEVER, WITHIN 24 HRS FROM THE TIME OF ADMISSION.

Toll Free No : 1800 425 2255 Email: support@starhealth.in Fax No: 1800 425 5522.

In witness whereof the undersigned being authorized by and on behalf of the company has set his hand at Star Test Office on 11th Day of May 2012.

Acronyms

Acronyms	Expansions
MOU	Memorandum of Understanding
MER	Medical Examination Report
PED	Pre Existing Disease
DMS	Document Management System
DOA	Date of Appointment
DOB	Date of Birth
ECG	Electrocardiogram
TMT	Treadmill Test
AO	Area Office
ZO	Zonal Office
CO	Corporate Office
IRDA	Insurance Regulatory Development Authority
ICD	International Classification of Diseases

End of Document